

Dr Christopher Hoy
Specialist Anaesthetist
Melbourne Anaesthetic Group



The professional services provided to you as your Anaesthetist will include the following:

Pre-operative assessment. This usually takes place after you are admitted to hospital. You will be asked about your health, medications and previous experiences with anaesthesia. Your anaesthetist will discuss the options available for anaesthesia for your operation taking into consideration your medical condition, your wishes and the needs of the surgery.

If you feel that you would like to speak with your anaesthetist before admission, please ring the rooms on **(03) 9419 6255**.

Anaesthesia. This can be done in three ways.

1. General Anaesthesia - you are put into a state of carefully controlled unconsciousness during the operation by giving you drugs either by inhalation or into a vein.
2. Regional Anaesthesia - numbs the part of the body undergoing surgery by injecting a local anaesthetic drug near nerves (e.g an arm block will numb your arm). Spinal & epidural anaesthesia are forms of regional anaesthesia.
3. Local Anaesthesia refers to application of local anaesthetic at the site of the operation to make the operation site numb.

Sedation (or “twilight sleep”) is given for most regional & local anaesthetic procedures. When sedated you will be sleepy, relaxed and comfortable, but may be aware of being in the operating theatre.

During surgery your anaesthetist will be with you the whole time & will carefully monitor your vital signs & manage your anaesthetic accordingly.

Post-operative care. After your operation your anaesthetist will continue to monitor your condition to ensure that you have recovered from the anaesthetic. They will ensure that you feel as little pain as possible and order intravenous fluids and other drugs as required.

Preparation for surgery:

Fasting**: Adults and teenagers can have limited solid food intake (light meal) until six hours before arriving at hospital to ensure your stomach is empty. After ceasing food, you may have small amounts of water *until two hours before your scheduled arrival time to hospital*.

** ANZCA guidelines PSo7 2017

Medications: Please bring all current medications to hospital. Please continue any regular medications up to and including the day of surgery *unless advised otherwise*. Your anaesthetist may advise you to stop certain medications such as blood pressure medications on the day of surgery. You should also cease any drugs that your surgeon has asked you to stop (e.g. blood thinners or diabetic medications).

SLGT2 inhibitor agents (new class of diabetic medications) need to be ceased 3 days pre-operatively for most surgeries.

These include DAPAGLIFLOZIN (Forxiga®), EMPAGLIFLOZIN (Jardiance®), CANAGLIFLOZIN (Invokana®), or a combination with metformin (Xigduo®, Jardiamet®)

If you have any concerns or questions about what you should do regarding your medications, please contact the rooms before your surgery.

If you take insulin, please contact the rooms before the day of admission to discuss an insulin plan for your day of surgery

Do not smoke. The longer you stop smoking before anaesthesia the greater the benefit. Stopping smoking for as little as 12 hours can have a beneficial effect.

Children: If the patient is a child, talk to them about what to expect including realistic expectations for pain after surgery. Depending on the child's age, a parent may be present at induction of anaesthesia to comfort the child. Fasting for surgery for a child or infant should be as follows: 6 hours for cow's milk, 4 hours for breast milk and 2 hours for clear fluids.

Risks and complications of anaesthesia:

Australia is one of the safest places in the world to have an anaesthetic. Our anaesthetists are highly trained specialist doctors having spent 13 years in training to ensure the safety of their patients.

Complications can occur and can be divided into minor side-effects which are common and serious complications which are rare.

Some minor side-effects include nausea and vomiting; drowsiness; feeling faint; headache; sore throat or pain & bruising at the site of an injection.

Major complications which are very rare include dental damage; drug reactions (usually allergy); heart attack and stroke; lung infections; nerve injury; recall during surgery or death

Post-operative instructions:

If you are going home on the day of surgery, you should have an adult to accompany you home and remain with you until the next day.

You may eat and drink as you wish unless your surgeon instructs otherwise. Light food is best at first. On the day of surgery, you must not drive a car, operate dangerous machinery, sign any legal documents or drink alcohol.

Anaesthetic Fees:

Anaesthetic fees are determined by both the complexity of the surgical procedure, wellbeing of the patient and the time taken. Medicare rebates for anaesthesia are low and do not adequately compensate for the high level of responsibility and length of training required. There is a large gap between the Medicare rebate and the maximum fee suggested by both the Australian Society of Anaesthetists (ASA) and the Australian Medical Association (AMA).

Private health fund rebates help to decrease this difference.

Fees are set by the individual anaesthetist but there may be a gap or out of pocket expense associated with your account.

You will receive an Informed Financial Consent document prior to your surgery or will be contacted by our rooms.

If you have any questions regarding fees, please contact the rooms prior to your surgery or speak to your doctor on the day of surgery.

Patients who are **uninsured** should contact the rooms prior to surgery.