

△ GENERAL INFORMATION

General anesthesia is the use of medication to cause you to become unconscious while an operation takes place. During this time you cannot feel pain, are not aware of the operation, and usually do not dream.

General anesthesia is given by specially trained physicians (anesthesiologists) or by a team consisting of an anesthesiologist supervising a nurse anesthetist (nurses with additional training in anesthesia). The anesthesiology team is very important in your care. After all, it is the anesthesiology team who “puts you to sleep” and who brings you back from that sleep. During the operation the anesthesiologist must watch both you and the surgeon. Keeping you asleep properly and safely makes it easier for the surgeon to perform a successful operation—all to your benefit.

It is important that the person administering your anesthetic has skill and experience and is caring. This person needs to know a number of ways to anesthetize a patient and which methods to use for a specific problem with a particular patient. Before, during, and after the operation, the anesthesiologist or anesthetist will be concerned about a number of things.

BEFORE COMING TO THE OPERATING ROOM

- You may have an examination of your blood and urine and possibly of your heart (EKG) and lungs (chest x-ray) and other tests requested by the surgeon and anesthesiologist.
- Do not eat or drink anything for 8 hours before the operation.
- You may take your usual oral medications on schedule with a sip of water. The only medication you should not take the day of surgery is a diuretic (a water pill). If you take medicine for diabetes or depression, your doctor will give you instructions on whether to take them.
- The anesthesiologist will review your medical record to learn some things:
 - The nature of your present problem: The methods to anesthetize you safely can vary according to the reason you require the procedure.
 - The nature of other medical problems you may have: A history of a heart attack, breathing problems, and other medical illnesses can make a significant difference in how you are put to sleep and what to watch for when you are asleep.
 - Results of the laboratory tests: Abnormalities can give important clues about possible problems (example: abnormal EKG or abnormal chest x-ray results).
 - Medicines you are taking: It is necessary to know what medicines you are taking. Also, it is vital that you tell the anesthesiologist of reactions to drugs or to previous anesthetics so that these can be avoided.
- Interview: There will be an interview regarding your health in general and a brief physical examination.

The anesthesiologist will also ask to look in your mouth.

- The anesthesiologist will decide whether any special arrangements need to be made (example: special monitoring equipment or infrequently used medications) based on the nature of the operation. You will be informed of the type of anesthesia planned and the reasons for it. The considerations are as follows:
 - **Local Anesthesia:** A fine needle is used to inject an anesthetic in the area to make it numb. In addition, you may be given medicine that will make you feel drowsy.
 - **Regional (Nerve) Anesthesia:** This can be done by anesthetizing the nerves to a specific area being operated on or by giving a spinal anesthetic, which covers the abdomen and legs.
 - **General Anesthesia:** You can be put to sleep by having an anesthetic injected into your vein or by breathing an anesthetic vapor. You will be informed of the important things that will take place before you are brought to the operating room.
- You will have some intravenous fluids started in one of your veins. Medicines and anesthetics will be given through this small plastic tube.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

IN THE OPERATING ROOM

- When you enter the operating room, you will be moved onto a narrow bed—the operating table.
- The operating room staff will make certain that your position on the table is correct. Your arms may be placed by your side and a belt placed across your lap.
- A blood pressure cuff will be placed around your upper arm, EKG stickers will be placed on your chest, and an oxygen probe will be placed on a finger. In this way you will be monitored closely during the operation, allowing the anesthesiologist to watch your heart rate, blood pressure, and breathing continuously while you are under the anesthetic.
- Before “going to sleep,” you will be given extra oxygen to breathe through an anesthesia mask for a few minutes.
- The anesthesiologist will inject an anesthetic medication into the intravenous solution; you will fall asleep in about 30 seconds.

DURING THE OPERATION

During the operation, the anesthesia team will be looking after a number of things including monitoring the different parts of your body to see how well they are working during the operation and making adjustments as necessary.

- **Breathing:** This is vital because it is how you get oxygen into your body. How you breathe while you

are asleep is influenced by the anesthetic used, the operation being done, and any medical conditions you might have.

- Heart and circulation: The heart rate, rhythm, and blood pressure are recorded continuously.
- Kidneys: For an operation expected to last longer than about 2 hours, a catheter may be placed into the bladder to see how much urine you are producing and how to adjust the intravenous fluids to help your kidneys make urine at the proper rate.
- Temperature: The body temperature can rise or fall, and this can be corrected as needed.

IN THE RECOVERY ROOM

- The anesthesiology team will accompany you to the recovery room. They will have a short conference with the recovery room nurses about what occurred in the operating room and what special precautions may need to be taken regarding your immediate condition.
- In the recovery room, you will have monitoring of

your blood pressure and heart as well as the oxygen level of your blood stream.

- You should be able to leave the recovery room when your blood pressure, pulse, and breathing are stable and any pain is under control. If you are going home that same day you will need to be quite alert, be able to walk (with a little help), be able to drink some fluids, and finally, be able to urinate before you leave.
- You will be permitted to leave only if you are accompanied by a responsible adult.

✚ HOME CARE ON THE DAY OF THE OPERATION

- Take it easy for the day; follow the surgeon's instructions.
- Don't drive a car, operate any machinery (no cooking), or make any important decisions the day of the operation.
- Avoid spicy or greasy foods.
- Have a member of the family or a friend stay with you overnight.
- The anesthetic should wear off completely in about 24 hours.