ABOUT YOUR ANESTHESIA

If your doctor has requested anesthesia services for you, it will be provided by the PH DuBois Anesthesia Department which consists of anesthesiologists and certified registered nurse anesthetists who work together as an anesthesia care team.

The type of anesthesia services that you receive is determined by many factors including age, physical condition, the nature of the procedure, the preference of your physician and your preference. They types are listed below. Please note that all types of anesthesia involve some risks regardless of age, sex, medical condition and surgical procedure. Serious complications from all forms of anesthesia are rare, but they may occur:

GENERAL ANESTHESIA: produces an unconscious state like a reversible sleep by injecting drugs into the patient’s blood stream through an established intravenous line or by having the patient breathe anesthesia gases. Frequently, the anesthesia provider who administers the anesthesia places a breathing tube through the mouth or nose down to your “windpipe” to help breathe for you while you are under anesthesia, and to protect the lungs against aspiration from your stomach acid juices. Because of this tube, patients may complain of a sore throat, dry scratchy throat and hoarseness. Damage or injury to the mouth, nose, lips, teeth, gums, throat, or vocal cords may also occasionally occur. Postoperative nausea & vomiting are frequent side effects of general anesthesia. Awakening or recalling events while under anesthesia, postoperative pneumonia, seizure, temporary or permanent damage to nerves in your arms or legs, heart attack, stroke, stopping of the heart, brain damage, and even death are very rare complications of general anesthesia.

SPINAL ANESTHESIA: is produced by injecting anesthesia drugs through a spinal needle inserted in the lower back into the spinal canal. The injected drug causes an expected complete but temporary loss of feeling and movement in the lower half of the body. Before the spinal needle is inserted, the skin of the back is “numbed” using a local anesthetic so that the entire procedure produces little discomfort. With patients that are short and/or markedly overweight, it may be difficult to perform spinal anesthesia due to excess of tissue between the skin and the spinal canal obscuring the anatomical reference points. You may or may not receive drugs through your intravenous line that will make you feel sleepy, drowsy and relaxed during the surgical procedure. Infrequently, spinal anesthesia is not completely satisfactory. If this should happen, general anesthesia may become necessary. The most common complications of spinal anesthesia are headache and backache. The headache sometimes may be severe requiring special treatment. Very rare complications of spinal anesthesia include seizure, persistent numbness, weakness and paralysis or the inability to move parts of the body, local or generalized infections, heart attack, stopping of the heart, brain damage and even death.

INTRAVENOUS REGIONAL ANESTHESIA (Bier Block): This technique is a special type of nerve block analgesia. A local anesthetic is injected through an intravenous line in the arm or leg to be operated on that has been previously drained of any blood by a very tight wrapping of the limb using an elastic bandage. A few patients complain of discomfort from the tourniquet itself and at the anesthetic injection site after surgery. Very rare complications of intravenous regional anesthesia include seizure, persistent numbness, muscle weakness of the
operated limb, stopping of the heart, and local or generalized infections.

**EPIDURAL ANESTHESIA:** This is produced by injecting anesthesia drugs through an epidural needle inserted in the lower back into the epidural space, which surrounds the spinal canal. Before the epidural needle is inserted the skin of the back is “numbed” using a local anesthetic so that the entire procedure produces little discomfort. As expected results of epidural anesthesia, you may or may not lose feeling and movement in your legs temporarily. On patients that are short and/or markedly overweight, it may be difficult to perform epidural anesthesia due to excess of tissue between the skin and the epidural space obscuring the anatomical reference points. You may or may not receive drugs through your intravenous line that will make you feel sleepy, drowsy, and relaxed during the surgical procedure. Infrequently, epidural analgesia is not completely satisfactory. If this should happen, another type of anesthesia may become necessary. Epidural anesthesia is also used for control of pain during labor and delivery, or during the immediate postoperative period. In these cases, a small plastic catheter is inserted into the epidural space to provide relief of pain for long periods of time by means of continuous infusion into the epidural space of a very diluted concentration of pain medication. The most common complications of this technique are headache and backache. The headache may be very severe requiring special treatment. Very rare complications include seizure, persistent numbness, weakness & paralysis or the inability to move parts of the body, local or generalized infections, stopping of the heart, brain damage and even death.

**NERVE BLOCK ANESTHESIA:** This technique is produced by medications called local anesthetics that block the pain impulses to the brain. The local anesthetics are injected through the skin around the nerves that control feeling and movement to the area to be operated on and lasts for a few hours. Your skin will be “numbed” prior to this injection; therefore the nerve block is usually accomplished with little discomfort. However in some instances, an electric shot like sensation may be elicited when the blocking needle touches a particular nerve or low energy electricity is used to localize the nerves. You may or may not receive drugs through an established intravenous line during this procedure that will make you feel sleepy, drowsy and relaxed during the surgical procedure. Occasionally the nerve block anesthesia is not completely satisfactory so another type of anesthesia technique or the use of a different form of pain relief becomes necessary. Rare complications include seizure, persistent numbness, weakness and paralysis or the inability to move parts of the body, local infection, stopping of the heart, brain damage and more rarely even death.

**M.A.C. (MONITORED ANESTHESIA CARE):**
This technique is used to monitor the main body functions: heart beat and pulse, blood pressure, respirations, the amount of oxygen in your blood and level of consciousness during a surgical or diagnostic procedure. Such monitoring helps to insure your safety and in itself involves minimal risk. With this technique, you will have an intravenous line started; you will breathe oxygen through a nasal cannula or clear plastic mask. You will remain awake, however, you may or may not receive drugs through the IV that will make you sleepy, drowsy and relaxed during the surgical procedure. Many times you will have or not have recollection of the events during the procedure. However, you will able to talk and breathe on your own. Sometimes the physician/practitioner may inject a local anesthetic to “numb” the skin of the site to be operated on. The more common complications of M.A.C. anesthesia are vein irritation and local infection. More serious adverse effects caused by the drugs used to help you relax are irregular heartbeat, difficult breathing, loss of consciousness, seizure, stopping of the heart, brain damage and more rarely even death.