



Dr Jennifer Carden

Information for Patients

Your Anaesthetic:

The aim of your anaesthetic is to make the surgery and recovery period as safe, painless, and stress free as possible.

Although many operations involve being “put to sleep” (General anaesthetic), there are many other options depending on the type of surgery that you are having, your own preferences, and your underlying health.

For example:

Local anaesthetic is often used in conjunction with sedation (twilight sleep) when you may be aware of what is going in, but feel relaxed and pain free.

Spinal or epidural anaesthesia and other local anaesthetic techniques are often used for certain types of surgery to improve pain control after the operation. These may be combined with sedation or sometime general anaesthesia.

Small children almost always require a general anaesthetic for surgery even if they are having a minor procedure.

Before the Operation:

I will visit you before you have surgery and at that time will establish your medical history. You may be asked to fill in a questionnaire on admission to facilitate this assessment. If you are on any medications or have any recent test results please bring them with you.

Important information such as allergies to drugs, problems with previous anaesthetics, pregnancy, and any serious medical problems will be discussed with you. Surgery, pain relief, and your preference of anaesthetic can also be discussed at this time.

Fasting:

You **MUST** fast before surgery (usually 6 hours). If you have not fasted prior to surgery your surgery may be cancelled. Fasting prior to surgery is very important. This ensures that your stomach is empty minimizing the risk of regurgitation of stomach contents and inhalation in to the lungs. This can be a serious complication.

Small children are usually operated in the morning and breast milk may be given up to 4 hours prior to surgery.

Medication:

You may take your regular heart, blood pressure or other important medications with a small sip of water on the day of surgery. Inhalers can also be taken as usual.

If you have diabetes and take oral medication, please do not take any tablets on the morning of your surgery. If you are on insulin, you will need to take insulin even though you are fasting. Your diabetes specialist or GP should arrange the correct dose of insulin prior to you having surgery.

When you have been admitted to the hospital please tell the nurse that you have diabetes so that they can test your blood sugar levels.

Risks and Complications:

Australia is one of the safest countries in the world in which to have an anaesthetic, but complications and side effects do occur. Minor temporary side effects such as nausea and vomiting, drowsiness, sore throat, headache, muscle aches and bruising may occur. Damage to teeth and dental prostheses may also occur.

Other serious complications, although much rarer may occur, such as severe allergic reactions to drugs, heart attacks, stroke, major nerve and blood vessel injury and organ damage.

Sensation or “awareness” during anaesthesia is possible but more common in emergency cases and in very sick people.

Infections resulting from anaesthesia are also rare. Equipment such as needles, syringes and intravenous lines are single use only and discarded accordingly.

Blood transfusions are avoided unless your blood count falls critically low. There remains a small risk of infection with blood transfusions due to the high level screening procedures carried out within Australia.

Fees:

A fee will be charged for your anaesthetic services. The fee for your anaesthetic is separate from the fees charged by any other doctors caring for you, the hospital or day surgery facility.

Your anaesthetic fees will vary depending on the complexity and duration of anaesthesia services provided.

For most surgery you will be able to claim a rebate from Medicare and from your private insurance company. The Medicare rebate is not related to the worth of the anaesthetic service provided and in most cases it will only cover part of your anaesthetic fee (ie there will be a GAP).

It is your responsibility to pay any GAP amount in addition to your Medicare and private health fund fees.

Gap fees have arisen due to Medicare rebates not being indexed adequately over the past 25 years, whilst the costs of running a medical practice including insurance have risen disproportionately.

My fees may be higher than the Medicare scheduled fee, but are below the recommended AMA schedule.

If you have private health insurance the out of pocket fee for minor procedures will usually be in the range of \$100-\$150. For more complex cases this fee may be up to \$400.

If you have any questions regarding any aspect of your anaesthetic you can speak with me either at the preoperative visit or by contacting my rooms.