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Information for patients

My professional services to you as your anaesthetist include the following components:

PRE-OPERATIVE ASSESSMENT.

This will usually take place after you are admitted to hospital. I will need to know about your general health and previous experiences of anaesthesia and will discuss the anaesthetic options available to you. If you feel that you need to see me before admission please ring my rooms on the above number and make an appointment.

ANAESTHESIA.

This may be general, regional or local anaesthesia. For general anaesthesia you are put into a state of controlled unconsciousness for the period of the operation. This is achieved by administering drugs either by injection into a vein or by inhalation. Regional anaesthesia numbs part of the body by injecting a local anaesthetic drug near major nerves, while a local anaesthetic refers to the injection of a similar drug at the site of the operation. A sedative may be given with regional or local anaesthesia. This will make you sleepy and relaxed, but is not intended to make you unconscious. Thus you might be aware of what is going on around you but will not have any discomfort. Throughout your procedure I will continuously monitor your condition and adjust the anaesthetic accordingly.

POSTOPERATIVE CARE.

As you recover from your procedure I will continue to monitor your condition and arrange pain relief, intravenous fluids and other drugs as required.

PREPARING FOR SURGERY and ANAESTHESIA.

There are some things you can do which make your anaesthetic easier and safer.

Fasting is necessary to ensure that your stomach is empty. Food or fluid in the stomach may be regurgitated during anaesthesia. If inhaled this could result in serious lung damage. The same risk applies with regional anaesthesia and local anaesthetic procedures with sedation. You may have your normal food intake with a light meal up to six hours before surgery. After this you may have small amounts of clear fluids (water, clear fruit juice without pulp, black tea or coffee) until two hours before surgery, or until two hours before admission to hospital for day cases.

Continue to take all regular medications up to and including the day of surgery except diuretics (fluid tablets), drugs which cause indigestion if taken without food and insulin or other drugs taken to lower blood sugar. Please bring all your current medications to hospital with you. You should also cease any drugs that the surgeon has told you to stop taking (eg aspirin and warfarin may need to be stopped some time before surgery).

DO NOT SMOKE. Smoking increases the risk of complications with anaesthesia and surgery. The longer you stop for the greater the benefit.

Tell me or the surgeon about any other health problems.

If you have any questions please don't hesitate to ask. My job is ensuring your well-being.

RISKS AND COMPLICATIONS OF ANAESTHESIA

Australia is one of the safest countries in the world in which to have an anaesthetic, but complications and side effects do happen.

Minor, temporary but more common and *sometimes unavoidable* side effects and complications include nausea and vomiting, drowsiness, headache, sore throat, muscle aches, pain at the surgical site or at the site of injections, where there may be bruising. Damage to teeth may occur during procedures to support your airway while you are unconscious. Restored, capped or prosthetic teeth may be more at risk.

Serious complications are fortunately very rare. These could involve severe allergic reactions, heart attack, stroke, major nerve or blood vessel injury and damage to the lungs, liver or other major organs.

Sensation or "awareness" during surgery is possible, but the risk is greatest during emergency procedures like Caesarian section.

Infection resulting from anaesthesia is extremely rare. All drugs, needles, syringes and intravenous lines are used for one patient only and then discarded. Blood transfusion is nowadays avoided unless an obvious benefit would result as, despite screening, a small risk of cross infection remains.

These risks should be balanced against the benefits of the proposed procedure and taken into consideration when making a decision to undergo an operation.

If you have any specific concerns please tell me at the time of the preoperative consultation.

AFTER YOUR ANAESTHETIC

If you are having day surgery you should have an adult accompany you home and remain with you until the next day. During this time you should not drive, operate machinery or other potentially dangerous appliances or sign any legal documents, as your judgement may be impaired. It is sensible to rest quietly during this time.

You may eat and drink as you wish unless your surgeon instructs otherwise. It may be best to commence with clear fluids and progress to light foods as tolerated before resuming your normal diet. Do not drink alcohol for 24 hours.

FEES

A separate fee will be charged for your anaesthetic.

The fee is calculated using the Relative Value Guide for anaesthesia, which takes into consideration the degree of difficulty of the anaesthetic, the age and general condition of the patient and the actual time taken. It is charged at a level that reflects the costs of my practice, my training and the cost of maintaining both at the highest possible standards. It is significantly less than the maximum considered fair and reasonable by the Australian Society of Anaesthetists and the Australian Medical Association.

There is a discrepancy between the fees charged and the Medical Benefits Schedule, upon which Medicare and the private health funds base their rebates. This shortfall has increased as the rebates have failed to keep up with escalating costs over the years. For example, since 1991 the MBS rebates have increased 10% while the consumer price index and therefore my costs have risen over 40%.

You should be able to claim a rebate from Medicare for most anaesthetic services. If you have private health insurance you may be able to claim a further rebate from your insurer. There are a variety of “gap” reducing schemes offered by some insurers. However these are based on the same schedule and may have other restrictions, but where applicable may be used to obtain a further rebate. But there may still be significant out of pocket expenses because of the grossly inadequate rebates for anaesthetic services. Because the fee depends in part on how long your procedure takes it is not always possible to give a definite cost beforehand.

However, for a minor procedure (for example removal of skin lesions) the out of pocket expenses will usually be in the range \$100-\$200, for a procedure of intermediate duration and complexity (such as arthroscopy or hernia repair) \$200-\$400 and over \$400 for major cases (this would include joint replacement procedures or major bowel surgery), higher if the health fund rebates are not available to you.

If you have any concerns about this or any aspect of your anaesthetic care please do not hesitate to talk to me about them, either by contacting my rooms or when we meet at the time of your procedure.

Dr Patrick Hughes