



Dr Richard Grutzner

Information for Patients

Anaesthesia:

This may be general, regional, or local anaesthesia. General anaesthesia involves a state of controlled unconsciousness for the period of the operation. This is achieved by the injection of drugs into a vein and/or anaesthetic gases. Regional anaesthesia involves the injection of local anaesthetic around major nerves to numb part of the body, while local anaesthesia refers to injection of similar drugs at the site of the operation. A sedative may also be given in conjunction with local or regional anaesthesia. This will make you sleepy and relaxed, but is not intended to make you unconscious. You may be aware of what is going on around you but you will not have any discomfort. I will monitor your condition continuously throughout your procedure, and adjust the anaesthetic and sedation as required.

Pre-Operative Assessment:

This will usually occur after you are admitted to hospital. I will need to know about your general health, medications, allergies and previous experiences of anaesthesia and we will discuss the anaesthetic options available. If you would like to either see or speak to me beforehand please contact my rooms and this can be organised.

Post-Operative Care:

As you recover from your procedure I will monitor your condition and arrange pain relief, intravenous fluids and other drugs as required. Sometimes more advanced forms of pain relief are used such as epidural infusions or pain mediation pumps.

Preparing for Surgery:

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

Fasting:

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 for regional anaesthesia and local anaesthesia with sedation.

You may have normal food intake with a light meal up to six hours prior to surgery. After this you may have small amounts of clear fluids (water, clear fruit juices such as apple

juice, black tea or coffee) until two hours prior to surgery, or until two hours prior to admission to hospital for day of surgery.

Medications:

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. Warfarin may need to be stopped some time before surgery.

Smoking:

DO NOT SMOKE. The longer you can stop, the greater the benefit.

Children:

If the patient is a child, talk to them about what to expect, including realistic expectations about pain after surgery. In the majority of cases I am able to avoid the use of needles in children. For children aged less than five I use a story based around blowing up a balloon and in children five to twelve years an astronaut heading into space on a special mission. Teenage children can also have a needle free technique if necessary.

If you have any other questions please do not hesitate to ask. My job is ensuring you or your child's safety and well being.

Risks and Complications:

Australia is the safest country in the world in which to have an anaesthetic, but complications and side effects still may occur.

Temporary minor side effects include nausea, vomiting, drowsiness, headache, sore throat, muscle aches, pain at the surgical site of injections. Where there may be bruising. Damage to teeth or dental appliances may occur.

Serious complications are fortunately very rare and include serious allergic reactions. awareness during anaesthesia, heart attack, stroke, major nerve or blood vessel injury and damage to the lungs, liver, kidneys or other major organs. Anaesthetists have specific training in the handling of emergency situations and any such situation will be promptly and expertly handled.

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 avoided wherever possible, however your surgeon may arrange for you to donate your own blood prior to certain major procedures such as joint replacement or major jaw surgery.

These risks should be balanced against the benefits of the proposed procedure and taken into consideration when making your decision to undergo a surgical procedure. If you have any other specific concerns please feel free to discuss them at the time of preoperative consultation.

PostOperative Instructions:

If you are undergoing a day procedure arrange for an adult to accompany you home and remain with you until the next day. During this time you should not drive, operate machinery or sign any legal documents as your judgment may be impaired. It is sensible to rest quietly during this time. You may eat and drink as you wish unless instructed otherwise by your surgeon. It may be best to commence with clear fluids and progress to light foods as tolerated before returning to a normal diet.

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 reflecting the costs of practice, training and the maintenance of the highest possible standards. My fees are significantly less than the maximum level 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, which Medicare and the private health funds base their rebates. This discrepancy has increased as rebates have failed to keep up with escalating costs over the years. For example, since 1991, MBS rebates have increased by 15% while the consumer price index and practice costs have risen by over 50%.

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 schemes offered by some insurers which reduce the "out of pocket" costs. These are based on the same schedule and may have other restrictions, but where applicable, may be used to claim a further rebate.

There may still be significant out of pocket expenses because of the grossly inadequate rebates for anaesthetic services. Because the anaesthetic fee depends in part on the duration of the procedure it is not possible to give an exact cost beforehand.

However, for a minor procedure, (eg ear grommets) the out of pocket expenses will usually be in the range of \$70-\$120, for a procedure of intermediate duration and complexity (eg knee arthroscopy or wisdom teeth) \$125-\$275, and over \$450 for major cases (eg joint reconstruction or major jaw surgery), and will be 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.