

Anesthesia Options, Risks, and Side Effects

The information provided on this website is not a substitute for informed consent for anesthesia and is not exhaustively complete. The purpose here is to discuss some general issues associated with general anesthesia care.

What are your options for anesthesia?

Depending on the type of procedure and your health status, you may have a number of options for anesthesia.

- **Local anesthesia:** only the surgical area will be anesthetized.
- **Regional anesthesia:** a larger part or portion of the body is anesthetized. Epidurals and spinals are both forms of regional anesthesia that involve precise injections of anesthesia in appropriate areas of the back.

Epidurals, where anesthesia is given below the level of the spinal cord through a special needle, are often used for childbirth, but are also an option for many orthopedic procedures because they can provide extended pain relief.

Regional anesthesia for extremity surgery involves injecting anesthetics into an area where there is a concentration of nerves for that particular extremity in order to block pain. This allows the patient to be awake for surgery and provides pain relief for a time after surgery.

- **General anesthesia:** IV medications and anesthetic gases induce temporary unconsciousness so you cannot feel pain during the operation. Our operating rooms are equipped with the latest technology to monitor a patient's level of consciousness which can help determine the amount of medication or anesthetic agent needed to meet the needs of each individual patient.
- **Sedation anesthesia:** pain relievers and sedatives are given to minimize pain and discomfort during a procedure. You are able to communicate during the procedure, but there is often little memory of the procedure afterwards.

What are the risks and side effects of anesthesia?

While usually very safe, no procedure is without some degree of risk and your anesthesiologist will discuss this with you prior to your surgery. Many factors contribute to the increased safety of general anesthesia, including safer drugs, more extensive training of anesthesiologists, and national standards of care. You should discuss any concerns with your anesthesia professional.

What are possible side effects of anesthesia?

- **Nausea and vomiting** are more likely with general anesthesia and lengthy procedures. In most cases, nausea does not last long and can be treated with anti-emetic medicines.

- **Hypothermia** (low body temperature) may cause you to feel cold and shiver when you are waking up due to a mild drop in body temperature that is common during general anesthesia. Special measures are taken during surgery to keep your body temperature from dropping too much.
- **Impaired coordination or judgment** can result due to the effect general anesthetics can have on the central nervous system. You may feel drowsy, weak or tired for several days and have blurred vision and fuzzy thinking. You should not drive, operate machinery, or perform other activities that could endanger yourself or others for 24 hours or longer.
- **Sore throat** and hoarseness in the first hours to days after anesthesia occurs in up to 40% of patients. The following increase your risk: Being female; younger than 50 years old and having a general anesthetic lasting more than 3 hours.
- **Teeth damage** is a rare but a very unfortunate complication of general anesthesia, roughly occurring in 1:2000-cases. The most frequently injured teeth are the upper front ones (the upper incisors). Patients mostly at risk for dental injury are those with poor dental health, those with veneers or other dental work and those where the anesthetist had difficulty to 'get the breathing tube down' (called a 'difficult intubation').

Frequently Asked Questions:

Q: Why can't I eat or drink anything before surgery?

A: Most drugs that render you insensible to pain also decrease your protective reflexes. Some of these reflexes prevent the very acidic stomach contents from entering your lungs. When stomach contents get into the lungs, it is called aspiration and can result in serious lung injury or death. We will ask you not to eat or drink anything for a period prior to surgery so you will have minimal stomach contents at the time of surgery.

You should receive instruction concerning this issue during the preoperative evaluation process. If you have NOT received instruction and you are an adult, you may use the guideline of taking nothing solid to eat after midnight (this includes chewing gum, mints, smokeless tobacco, etc.) the night before your surgery and only clear liquids until six (6) hours prior to surgery. Clear liquids include soft drinks, tea, black coffee, and water. Juices and dairy products should be avoided.

Q: Should I take my meds before surgery?

A: This is something you should definitely ask during the preoperative evaluation process. Your Surgeon, Anesthesiologist, CRNA or preoperative nurse can answer this question. It is very hard to make generalizations about this issue, as some drugs can interfere with a safe anesthetic while the termination of others before surgery can be hazardous.

Q: How will I feel after anesthesia?

A: Most people who receive an anesthetic, experience sleepiness for about 24 hours following their surgery. Lourdes Hospital, and the physicians of Purchase Anesthesia, PSC, require the patient have a friend or family member drive them home after surgery. In addition, you should not make any major decisions or operate a vehicle within the first 24 hours of your anesthetic. The usual side effects following anesthesia are nausea, vomiting and a sore throat. Other issues that concern your particular medical condition will be explained to you, if necessary.

Q: What kind of information is important for anesthesia providers to know?

A: If you or a blood relative has had a problem related to anesthesia or surgery, please let your Anesthesiologist and CRNA know. A thorough medical history and physical exam is, of course, the most important information your Anesthesiologist and CRNA can receive. They will need to know if you have significant medical problems in order to suggest the safest possible anesthetic management. Please be sure to carefully fill in the preoperative forms you receive and review your medical problems with your Anesthesiologist during your preoperative interview.

Q: How do I pay for anesthesia?

A: In the majority of cases, the patient will pay for his or her anesthetic with a combination of their health insurance and a co-pay. Purchase Anesthesia, PSC is an independent physician group and is not employed by the hospital. You should contact your health insurance provider for further information.

Q: What else should I know about my anesthetic?

A: In some situations the Anesthesiologist and CRNA may use special techniques to measure blood pressure, administer intravenous fluids or to otherwise care for you. A nurse should be called when a patient is ready to stand-up for the first time after receiving anesthesia. A patient must avoid driving, cooking, power tools, important decisions, and all activities requiring full alertness for a minimum of 24 hours following anesthesia or sedation. Anesthesia involves some risks but the use of anesthetics for the relief and protection from pain during surgical procedures is an integral part of the procedure. Sometimes, the anesthetic plan may have to be changed, possibly without immediate explanation to the patient. You will have the opportunity to ask questions about your condition, alternative forms of anesthesia, and the risks involved.