My Doctor Knows Dr Suresh Venugobal

ANXIETY OVER ANAESTHESIA

ANAESTHESIA has evolved in tandem with improvements in surgical care and expertise over the years.

On Oct 16, 1846, Dr William Morton demonstrated the first public administration of ether anaesthetic at the operating theatre of Massachusetts General Hospital. This marked a milestone in anaesthesia and is celebrated as World Anaesthesia Day.

Despite higher awareness of the role of anaesthesia and anaesthesiologists in patient care during surgery, there remains a lot of anxiety and myths among patients whenever they or their loved ones are scheduled for surgery.

Let us look at some of the more common ones that I have encountered over the years from conversations with patients.

'Will I wake up from this sleep' is a common worry for patients going under anaesthesia.

I have met my surgeon and know what procedure that I am undergoing. However, I have no idea about anaesthesia.

Do not worry. You will always meet your anaesthesiologist prior to surgery.

This could be at the anaesthesia clinic if there is one at the hospital, the ward where you are admitted to the day before surgery, or even in the operating room for daycare surgery.

Irrespective of when or where, one of the most important aspects in overall care is what transpires well before the first anaesthetic is even rendered.

Pre-operative assessment remains the most important step whereby a care plan is made taking into account the patient's overall medical status, the type of surgery that will be performed, and steps to be taken after surgery to ensure the patient remains as stable as possible.

The anaesthesiologist will ask a series of questions; conduct a physical examination and assess your airway; review your investigation results; then explain the steps in administering the anaesthetic before getting your consent that will be documented in a hospital form.

Take this opportunity to ask your anaesthesiologist as many questions as you wish.

If you have had surgery before and encountered issues, do highlight them to your anaesthesiologist so that adequate preparations are made in advance. These could be severe post-operative nausea or vomiting, or an unplanned ICU admission that requires additional stay in the hospital.

When can I eat?

This appears like a trivial matter but is a common question.

Due to the need for preoperative fasting to minimise the risk of aspiration of gastric content during induction of anaesthesia and also for surgical reasons whereby bowel preparations are important during gastrointestinal surgeries, most patients will like to eat as soon as they are allowed to.

In most straightforward cases, once the effect of general anaesthesia has worn off which typically would be two to three hours after surgery, you will be allowed to consume clear fluids and if there is no nausea or vomiting, a cup of milk or chocolate drink.

Eating solids is usually delayed as some patients may throw up if given food too early.

For some surgeries especially those involving the bowel, a prolonged period of fasting post-surgery may be required to allow surgical stitches to heal. This will be decided by the surgical team.

While the patient is fasting post-operation, an IV drip will be set up to provide hydration and calories, but the main aim is to begin enteral feeding as soon as possible.

Anaesthesia is risky and I will not wake up from surgery.

This is not an uncommon question as well.

With current standards of training and modern advancements in anaesthetics, equipment and monitoring standards, the risk of adverse outcome is exceptionally low compared to the number of surgeries being performed annually.

However, adverse effects and complications can still occur despite the best of intentions and preparations.

For elective or emergency high-risk surgeries such as cardiothoracic surgeries and neurosurgeries, these risks would have been explained prior to the surgery.

Some of them include surgical risks like bleeding and infections as well as anaesthesia risks such as allergies to certain medications; post-operative nausea and vomiting; sore throat; cardiorespiratory complications such as hypoxia; unstable heart rhythm; and low blood pressure requiring ICU admission.

It is important that both the patient and next of kin are fully informed about these risks and have reasonable expectation of the outcome after surgery so that everyone is on the same page and the medical team in charge can address some of the anticipated challenges in a more controlled manner.

In summary, preparation for anaesthesia before surgery is a team effort involving not only the doctors but the patients and relatives as well. Be mentally prepared and have questions, clear your doubts if you have any with your medical team, and hopefully all will go as planned.

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