

GENERAL HOSPITAL

+Atlas

EXPERTS IN SURGERY



24
HOURS
365
DAYS YEAR ROUND!

THE PATIENT'S GUIDE TO ANESTHESIA



DIAGNOSTICS



CHECK-UPS



SURGERY



LABORATORY



THIS GUIDE WILL PROVIDE YOU WITH INFORMATION
IN ORDER TO PREPARE YOU IN THE BEST POSSIBLE
WAY FOR ANESTHESIA.

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WHAT IS ANESTHESIA?

Anesthesia relieves you from pain and other unpleasant sensations.

There are different types of anesthesia and does not always have to cause a loss of consciousness.

Local anesthesia is an injection that leads to the numbness of a small part of your body. You are awake all the time, but you do not feel pain.

Regional anesthesia means an injection that leads to the numbness of the larger and / or deeper part of your body. You are awake all the time, but you do not feel pain.

General anesthesia is a state of controlled absence of consciousness, loss of pain and amnesia. General anesthesia is necessary for some interventions. You are unconscious all the time and do not feel any pain.

ANESTHESIOLOGIST

Anesthesiologist is a specialist doctor who:

- Considers and selects the type or types of anesthesia that best suits your operation. If there is a choice, your anesthesiologist will choose the one that is best for you.
- Talks to you about the risks anesthesia carries with you.
- Controls pain after surgery.
- He is responsible for providing anesthesia for your well-being and safety throughout your operation.
- Manages blood transfusion if you need it.
- Plans to take care of you in the intensive care unit after surgery, if necessary.
- Makes your experience as positive and painless as possible.



Dr Sanja Filipović

Anesthesiologist with
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PREOPERATIVE EVALUATION

If your operation is planned (and not an emergency), you will usually be called to the hospital for a pre-operative preparation of a few weeks or days prior to surgery.

Hospital staff will assess your general health status. You will be asked questions (anamnestic data) and the doctor can listen to your heart and lungs (do a physical examination). Additional tests will be organized if necessary. This most often involves laboratory blood tests and ECG (heart rate monitoring).

Probably you will be tested for certain important infections, most often with swabs (skin, nose, dyspnea, wounds ...).

The staff should make the exact list of medicines you are taking. Please bring with you a list of medicines and medicines in your original packaging. You can fill in the list of drugs you use in the Patient Information (link).

YOU AND YOUR ANESTHESIOLOGIST

IF YOU HAVE SOME ALLERGIES IT MUST BE NOTED!

You will be examined preoperatively, by an anesthesiologist.

If you need blood transfusion during or after surgery, blood testing will be required. You can be informed about the risks and benefits of blood transfusion. It is necessary to ensure that blood transfusion is given according to clearly defined criteria, only in clearly justified cases, if necessary and according to a clearly defined protocol.

If you know that you have high blood pressure, it would be a good idea to take a list with more recent blood pressure values, having in mind that blood pressure can increase in hospital conditions and this may not be a true picture of your usual blood pressure.

Talking with your anesthesiologist is a very useful opportunity to ask any questions you have about the anesthesia.

If hospital employees do not have all the answers you need, an anesthesiologist will help you find out more.

BEFORE YOU ARRIVE AT HOSPITAL



If you are a smoker, we advise you to stop smoking a few weeks before surgery in order to reduce the risk of breathing complications and make your anesthesia safer.

If you are obese, weight loss can reduce the percentage of complications during anesthesia.

If you have loose, damaged or broken teeth, visiting a dentist and repair will reduce the possibility of tooth damage during anesthesia.

If you are suffering from some chronic diseases such as diabetes, asthma, chronic obstructive bronchitis, thyroid gland diseases, heart disease, or unregulated blood pressure, you should visit your doctor or specialist doctor before attending hospital.

ON THE DAY OF YOUR OPERATION

The hospital staff will give you clear instructions regarding the intake of food and fluids prior to surgery. These instructions are very important. If food or fluid are present in your stomach during anesthesia, they can get into the airways and seriously damage the lungs.

If you are a smoker, you should not smoke on the day of surgery.

If you regularly take medicines (your personal therapy): most medication should not be discontinued before surgery, but there are very important exceptions. You will need specific and clear instructions on the preoperative use of medication from a team working on the preoperative preparation of patients - you can get them from the hospital staff or your anesthesiologist.

If you are overweight, sick or do not feel well on the day of hospital admission, please contact the hospital and ask for advice.

ANESTHESIOLOGIST APPOINTMENT BEFORE SURGERY

Your anesthesiologist will visit you before surgery. You will discuss about the data obtained during preoperative preparation. You will discuss the type of anesthesia that will be used, the benefits and the risks, taking into account your wishes when choosing anesthesia.

After all that, your anesthesiologist will decide what anaesthetic is best for you or make a decision instead of you if you prefer it.

If there is a possibility for choosing anesthesia, this will depend primarily on:

- Operations that will be carried out and your general condition
- Your personal wishes
- Anesthesiologists' recommendations, based on experience
- Equipment, staff and hospital resources



PREMEDICATION is given prior to anesthesia.

Premedication is given prior to anesthesia. Premedication prepares your body for surgery - it triggers mechanisms to reduce the threshold of pain, reduces the amount of acid in the stomach and helps you to relax. Premedication can lead to drowsiness after surgery. If you feel that your premedication might be helpful, for more information, feel free to contact your anesthesiologist.

Needle (venous route) is used in most adults to start anesthesia. Talk to your anesthesiologist if you are worried or have fear of needles.

Sedation: It involves the use of small doses of anesthetics or similar medicines to bring the patient into a sleep-like state. If you are undergoing local or regional anesthesia, it will be necessary to decide whether you want to:

- be fully awake during an operation
- be relaxed and sleepy, but not unconscious
- or to be in general anesthesia

NO PROCEDURE WILL BE PERFORMED WITHOUT YOUR CONSENT AND UNDERSTANDING OF WHAT YOU WILL BE SUBJECTED TO. YOU HAVE RIGHT TO REFUSE IF YOU DO NOT WANT TO BE SUBJECTED TO A SPECIFIC PROCEDURE THAT IS PROPOSED TO YOU, OR YOU NEED MORE TIME TO THINK ABOUT IT.

ONCE YOU ARE ON YOUR WAY TO OPERATING THEATRE

- Some of the medical staff will come with you to the operating room
- In premedication room you can wear glasses, hearing aids, dental prostheses ...
- Jewelry, piercing and similar objects should be removed before going into anesthesia. If you can not take them yourself, medical staff will help you.
- If you opt for local or regional anesthesia, you can bring an electronic device and headphones with you to listen to music
- You can enter the operating room on foot, accompanied by medical personnel, or on wheelchairs or in a bed. If you are able to move, you can put on your pajamas / nightgown or slippers

Final check up is performed in the operating room before starting with anesthesia. You will be asked to confirm your first and last name, the operation planned, to confirm the side of the body (left or right) that will be operated (if applicable in your case), to confirm what was the last time you ate or drank and information about the allergies.

INITIATION OF ANESTHESIA

Your anesthesia can begin either in the premedication room or in the operating room. In the team with your anesthesiologist is a well-trained assistant - an anesthetist. An anesthesiologist or anesthetist will slowly connect devices that will measure your pulse, blood pressure and oxygen percentage.

Almost all medications, including sometimes local anesthetics, are applied to the vein through a cannula (plastic tube) that is most commonly found on the back of the hand. If you have fear of needles, please inform anesthesiologist. The needle can not be avoided during anesthesia, but there are things that can help you.

Local and Regional Anesthesia:

If you get local or regional anesthesia:

Anesthesiologist will ask you to remain calm until you receive an injection. When the drug starts to act, a feeling of heat can occur

- The operation will begin only when an anesthesiologist is sure that the area / region has numbed and you do not feel pain
- You will be fully aware of your environment, unless you are sedated. An operating field will be hidden by the paravane and you will not see your operation.
- If you are sedated, you will sleep and you will be relaxed. However, you can be aware of the events around you
- During regional anesthesia, an anesthesiologist will always be around you and you will be able to communicate with him at any time. In the course of local anesthesia, some other medical staff can look at you.

GENERAL ANESTHESIA:

General anesthesia can begin in two ways:

Anesthetic (drug) can be applied to the vein via an intravenous cannula

- Inhalational anesthetic and oxygen you can breathe through the mask, which you can hold yourself

When a loss of consciousness occurs, an anesthesiologist who is all the time beside you continues to give you medication to keep you under anesthesia as long as it is necessary.

RECOVERY ROOM:

After surgery, you will be taken to the recovery room. Medical staff will take care about your comfort and you will not feel nauseous, if possible. Once you are completely recovered from anesthesia, you will be transferred to your room.



THE PAIN

Good pain therapy is of great importance and some patients need more than others. It is much easier to manage the pain in the beginning before the pain becomes severe. Pain relief can be achieved by more frequent administration of analgesics (painkillers) or an adequate combination of several different analgesics.

In some cases, pain may be a warning sign that it's not all right, so medical personnel should always be notified and you should seek help.

These are some of the ways to reduce pain:

- Pills, tablets or drinking solutions: used for all types of pain. They start to work after half an hour of taking. You need to eat, drink, and have to be in good health condition to use these drugs.
- Injections are used often. They can be given to the vein (via the cannula) and the onset of action is faster or in the muscle (leg or butt) and the onset of action is about 20 minutes.
- Suppositories : these wax "tablets" are administered rectally. Medicine is dissolved and quickly enters circulation where it gives its effects. They are used in cases where the patient can not swallow or often vomits.
- Patient - controlled analgesia: a special device allows the patient to control his pain. Medicine enters circulation via a venous cannula. For more information, you can consult an anesthesiologist.
- Local anesthesia or regional block: these methods of anesthesia can be very useful in the treatment of pain after surgery. For more information, consult anesthesiologist.

UNDERSTANDING THE RISK:

People often misunderstand the numbers regarding the risk of anesthesia. We hope this will be useful:

- 1:10 very common - one person in your family
- 1: 100 common - one person from your street
- 1: 1000 not so common - one person from one village
- 1: 10,000 rare - one person from a smaller city
- 1: 100000 very rare - one person from the big city

Nowadays serious complications of anesthesia are rare.

The risk of anesthesia can not be completely eliminated, but modern equipment, well-trained staff and modern medicine have made anesthesia much safer over the past few years.

To understand the risks that anesthesia carries with you, it is necessary to:

- Understand the possibility of the complication
- Seriousness of possible complications
- The way it can be solved

The risk and complications of anesthesia for you as an individual depend on:

- Associated diseases
- Personal habits (smoking, obesity ...)
- Operations very serious by its nature, the length of time or urgency of the case

UNDESIRABLE EFFECTS AND COMPLICATIONS

More information about side effects and complications of anesthesia are shown below:

RA- appear during regional anesthesia

OA- occur during general anesthesia

VERY COMMON AND COMMON SIDE EFFECTS:

RA OA	nausea and vomiting after surgery
OA	pain and incontinence in the throat
RA OA	vertigo, blurred vision
RA OA	headache
RA OA	bladder problem
OA	minimum lips and tongue injuries
RA OA	itch
RA OA	back pain
RA OA	pain during injection or medication
RA OA	appears bruising and sensitivity
OA	confusion and short-term loss of memory

NOT SO COMMON ADVERSE EVENTS:

OA	infections of the respiratory system
OA	damage to the cornea
OA	tooth damage
RA OA	exacerbating already existing disease
RA OA	damage to peripheral nerves
OA	awareness (to become aware during the operation)

RARE OR VERY RARE SIDE EFFECTS:

OA	eye damage, including loss of vision
RA OA	stroke or heart attack
RA OA	allergic reaction or anaphylactic shock
RA OA	damage to the nerve of the spinal cord
RA OA	death
RA OA	is the defect of anesthetic equipment that can cause serious damage

DEATH AS A COMPLICATION OF ANESTHESIA OCCURS VERY RARELY. IT IS THOUGHT TO BE ONE MILLION CASES IN THE WORLD.


THE QUESTIONS YOU WOULD LIKE TO ASK YOUR ANESTHESIOLOGIS:

- Who would be in my anesthesia care team ?
- Do I have to undergo general anesthesia?
- What kind of anesthesia would you recommend?
- Do you often use this type of anesthesia?
- Will I be unconscious and totally unconscious about myself during anesthesia?
- What are the risks of this type of anesthesia?
- Are there any specific risks?
- How will I feel after anesthesia?

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In safe hands!

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