

You should avoid having pain after surgery by planning ahead. For example, if you know that you are going to be getting up to do your exercises with the therapist, ask for pain control medication in advance. Avoid waiting until the pain is severe. It takes longer to get your pain under control if you try to get along without pain medication.

### **Is there anything else I should know?**

Your anesthesiologist is an important member of your health care team. He or she works closely with the team to make your hospital stay a good one. Please feel free to talk to your anesthesiologist in the Pre-Admission Assessment Clinic, Day Surgery Unit or on the Nursing Unit.

# Your Anesthesiologist, Anesthesia and Pain Control



## How much pain or discomfort can I expect after my operation?

This depends on the type of surgery you had and how you respond to pain. Each person is different.



The goal of pain control is to have your pain well controlled so you are able to cough, take deep breaths, move, walk and sleep without discomfort. Better pain control allows you to feel better, recover faster and helps avoid some problems such as pneumonia and blood clots.

The risk of addiction is very low when you take pain control medication after surgery.

Members of your health care team will help you manage your pain. Members include your anesthesiologist, surgeon and assistants, nurses, therapists and pharmacists.

There are many ways to control pain:

- oral medication
- intravenous medication
- medication given by injection
- Patient Controlled Analgesia Pump (PCA)
- epidural or nerve block



## **What happens after surgery?**

After surgery you go to the Post Anesthetic Care Unit (PACU) to recover. Your anesthesiologist continues to be responsible for your care here. He or she works with the nurses and other staff to monitor your condition until you are ready to go to the nursing unit. Your anesthesiologist decides when you are able to leave PACU.

You will know before surgery if you are going to a nursing unit to stay overnight or back to the Day Surgery Unit to go home the same day:

- If you are staying overnight you are watched by the nurses on the unit.
- If you go home the same day and you had general anesthesia you must have someone take you home and stay with you for 24 hours.

Before you leave the hospital, your surgeon will arrange for any prescription medications and follow-up appointments that you may need.

## **Your Anesthesiologist, Anesthesia and Pain Control**

Before your surgery, you will meet an important member of your health care team called an anesthesiologist. The anesthesiologist is in charge of looking after you when you have anesthesia for your surgery.

### **What is anesthesia?**

Anesthesia is a word used to describe a condition of having awareness or feelings such as pain blocked or taken away for a short time. This allows a person to have a procedure done without pain and other sensations he or she would normally have. There are many types of anesthesia that will be described in this handout. Anesthesia medication is given by an anesthesiologist.

### **What is an anesthesiologist?**

An anesthesiologist is a medical doctor who has many years of extra training and experience in the area of anesthesia.

An anesthesiologist looks after patients' comfort and helps make decisions for:

- patients having surgery
- patients in the Intensive Care Unit
- pregnant women and their babies during the birthing process
- patients recovering in the Post Anesthetic Care Unit

## Anesthesiologists also look after:

- inpatients with pain and discomfort
- inpatients or outpatients who need help with the diagnosis and treatment of acute or chronic pain

The goal of an anesthesiologist is to keep you safe and pain free during surgery. The anesthesiologist looks after you all the time while the surgeon does the operation. This done by:

- checking your breathing, heart rate and blood pressure all of the time
- giving the right medication in the right amount at the right time
- preventing or treating any medical problems that could happen during or after surgery

Since this is a teaching hospital you may also meet anesthesiologist doctors-in-training or assistants. When they are involved in your care, an anesthesiologist is always in charge.

## Why do I meet with an anesthesiologist in the Pre-Admission Assessment Clinic?

Since anesthesia and surgery affects your whole body, the anesthesiologist collects information on:

- your medical history and special needs
- all of the medications you take including prescribed, non-prescribed and herbal products
- what type of anesthesia you prefer and why

## What happens in the Day Surgery Unit on the day of surgery?

The anesthesiologist (or assistant) will come to see you as part of your preparation for surgery. The IV is started and the operating site is marked as well.



## What happens in the Operating or Procedure Room?

During surgery, the anesthesiologist looks after your anesthesia and closely monitors your breathing, heart and temperature.

He or she also looks after the amount of fluid you get. If you need blood replacement, the anesthesiologist looks after this too.

If you have any medical conditions such as diabetes, asthma, high blood pressure, arthritis or heart problems, the anesthesiologist is aware of this and can manage any problems that arise during surgery.





## Why is eating and drinking stopped before surgery?

It is important for your stomach to be empty when you have anesthesia. It is dangerous if you vomit and inhale food into your lungs. You need an empty stomach no matter what type of anesthetic you are having in case an emergency occurs and the anesthetic plan needs to change.

The nurse in the Pre-Admission Assessment Clinic gives you instructions to follow about when to stop eating and drinking before surgery. If you do not follow these instructions your surgery will be cancelled.

## Can I take my usual medications and herbal supplements before surgery?

During the Pre-Admission Assessment Visit the nurse and anesthesiologist will tell you what medications and herbal products you can take before surgery and which ones to hold. You are given written to instructions to remind you at home. You are allowed to take any medications advised with small sips of water.

The anesthesiologist then talks to you about the safest type of anesthesia for you. The benefits and risks are described and you can ask questions. The anesthesiologist may then order some blood tests or other tests.



If you normally take medication each day, the anesthesiologist will decide which ones you can take before surgery and which ones to hold until after. The nurse in the clinic will review this with you before you leave and give you a paper to remind you. You may also have some medication ordered to take before surgery.

The anesthesiologist you meet in the Pre-Admission Assessment Clinic is most often not the anesthesiologist you have during the surgery.

All of the information you talk about is recorded in your health record. Your anesthesiologist for the surgery reviews your health record before your surgery.

**Remember..**

**If you use a CPAP machine, bring it with you on the day of your surgery.**



## **What are the types of anesthesia?**

There are 3 main types. You may have one type or a combination for your surgery.

### **General anesthesia:**

The anesthesiologist gives you medication so you are asleep (unconscious) during the surgery. To do this, you have a small tube put into a vein called an intravenous (IV). This gives you medication and fluids before, during and after surgery. Anesthetic medication is put into the IV. You may also breathe in anesthetic gases. After you are asleep, you may have a breathing tube put into your mouth and throat to keep your airway open. During this time you are not aware of any sensations.

### **Regional anesthesia:**

The anesthesiologist injects medication near a group of nerves to numb the area of your body that needs surgery. Some types of regional anesthesia are called spinal, epidural and nerve blocks. You may stay awake during the procedure or you may have some medication to relax you or sedate you.

Before surgery, you have a small tube put into a vein called an intravenous (IV). This gives you medication and fluids before, during and after surgery. Medication may be put into the IV to sedate you during the regional anesthetic. The anesthesiologist explains the type planned for you before surgery.

## **Local anesthesia:**

The surgeon injects medication into the skin to numb a small area where the surgery is. You are awake during the procedure. You may ask for some medication to relax you before this is done. You may or may not have anesthesiologist with you for the local anesthesia.

## **What are the risks of anesthesia?**

What are the risks of anesthesia?

Before surgery, you should be aware of the risks of anesthesia. These risks are rare but can happen:

- dental injury – the cost of fixing damaged teeth is not covered by OHIP, St. Joseph's Healthcare Hamilton or the anesthesiologist
- being aware of what is happening during general anesthesia
- nausea and/or vomiting
- headache
- nerve injury – short term or permanent
- death – less than 1 person in every 10,000

The anesthesiologist explains the risks of the type of anesthesia you are having during your Pre-Admission Assessment Visit. Your risk is based on many things such as your age, medical history, type of surgery and other factors such as smoking history.