



Department of Anesthesiology
WakeMed Practice Center

Department of Anesthesiology **Preoperative Patient Information Form**

An anesthesiologist from Critical Health Systems of North Carolina will plan an appropriate anesthetic for you and discuss the treatment plan with you prior to your surgery or procedure. The type of anesthesia is chosen based on the procedure, your health history and preferences, as well as the preferences of your surgeon and anesthesiologist. It may be necessary to change that plan at any time during your procedure; changes in your medical condition or the scope of the surgical procedure may dictate the use of different or additional techniques and monitors.

Some of the most frequent types of anesthesia and potential complications are discussed below, however other risks and hazards are possible, some of which may rarely be life threatening. Adverse reactions to anesthetic medications are possible, but rare. Your anesthesia care team will be vigilant in providing for your safety and comfort during your procedure. With any type of anesthetic, your vital signs (breathing, blood pressure, heart rate and rhythm, oxygen saturation) will be monitored throughout your procedure.

Monitored Anesthesia Care : Monitored anesthesia care (MAC) encompasses several levels of sedation during your surgical procedure. Medicine will be administered in your IV to help you relax and lightly sleep as well as to minimize any discomfort that you may experience. You will not be completely asleep. It is unlikely that you will remember much about the procedure, but you may have some level of awareness or recall. You will be breathing on your own, but as the level of sedation increases, it may be necessary to support your breathing. In addition, local anesthetic is usually used at your surgical site to numb the area, which may cause some minor discomfort during injection.

General Anesthesia: General anesthesia is a very common and typically very safe procedure. During general anesthesia, medicines are administered to you for sleeping, minimizing the chance of awareness/recall, pain control, nausea prevention and sometimes muscle relaxation. Prior to the beginning of your surgery, you will be given medicine through your IV, or possibly via a breathing mask to make you fall asleep. After you are asleep, a breathing tube or a soft airway may be placed into your mouth to help you breathe (intubation). Anesthesia gases are administered through this as well to help keep you asleep and comfortable. The breathing tube is typically removed at the end of surgery, but sometimes, if necessary, it may be left in for a longer period of time.

Following intubation, you may have a sore throat and there is a rare chance of dental injury. Extreme care is taken to position you comfortably for surgery. Very rarely, positioning for surgery may result in a scratch on your eye or other nerve damage from stretching or compression of a nerve. Another significant, potential risk of general anesthesia is aspiration, or inhaling some of the contents of your stomach into your lungs; this is why you are asked not to eat or drink anything before your surgery. Finally, although it is unlikely, there is a very small chance that you may have some awareness of your surgical procedure.

Regional Anesthesia: Regional anesthesia may be appropriate for certain types of surgery and involves the selective numbing of nerves with local anesthetic medicines. Examples include spinal, epidural and caudal anesthetics administered in your back or nerve blocks to specific nerves in the arms or legs. Spinal, caudal and epidural blocks are performed by injection of medicines through a needle inserted in the appropriate space of the back. Nerve blocks are performed by injection of medicines through a needle placed close to the appropriate nerve. The goal is numbness of the surgical area. These techniques are commonly used along with sedation and may also be used to provide pain relief after surgery or childbirth

With any nerve block, you may experience soreness or bruising at the site of the injection. Potential risks include bleeding, infection, headache, changes in breathing or blood pressure, nerve injury or seizures.

Anesthesia Monitors:

Additional safety monitors that may be used during your anesthetic include:

Arterial line- a catheter placed in an artery in the arm or leg to monitor blood pressure.

Central Venous Catheter- a catheter placed in a large vein in the neck, chest or leg to administer IV fluids and monitor fluid status.

Pulmonary Artery Catheter- a catheter placed into a large vein in the neck, chest or leg to monitor fluid status and pressures in the heart.

Transesophageal Echocardiogram- a probe placed into the esophagus for ultrasound examination of your heart.

Brain Function Monitor- a machine with electrode pads placed on your forehead to monitor brain activity during anesthesia.

Risks of using these monitors are infrequent but may include bleeding, infection, injury to teeth or mouth, injury to artery, vein or nerve, lung collapse, esophageal injury and change in heart rhythm.