PLEXUS ANAESTHESIA CARE BENGALURU
In association with
I.S.A.BENGALURU BRANCH
PUBLIC AWARENESS WEEK ABOUT ANAESTHESIOLOGY

16th OCTOBER 1846
THE DAY PAIN SHEDDOW/ ANAESTHESIA DAY
W.T.C. SAWTLETT ADMINISTERED FIRST ANAESTHESIA FOR THE FIRST TIME AT MASSACHUSETTS GENERAL HOSPITAL BOSTON

WHAT IS ANAESTHESIA?
Anaesthesia, literally meaning “loss of feeling”, is a state in which the sensations of pain or other stimuli are abolished.

GENERAL ANAESTHESIA

The anaesthetist gives the patient a medicine to make patient unconscious. (GA-

LOCAL ANAESTHESIA/ ANAESTHESIA FOR PART OF THE BODY WHERE SURGERY HAS TO BE DONE

- For surgery of hand/ arm, foot/ leg only that part is anaesthetised by blocking the nerve supplying that part, by injecting the anaesthesia drug around the nerve. (NERVE BLOCK)

LOCAL ANAESTHESIA

Spinal / Epidural anaesthesia

- Needle inserted between two vertebrae and medicine put around the main nerve calssoms to anaesthetise half of the body below waist.

INTEROOPERATIVE MONITORING OF THE PATIENT

The anaesthetist is perioperative physician who monitors vital parameters (Heart Rate, Blood Pressure, Brain function, Breathing, Temperature, Body fluid balancing, Urine Out Put etc.) with the help of multiparametermonitor irrespective of type of anaesthesia given to the patient.

LOCAL ANAESTHETIST / ANAESTHESIOLOGIST

- An “Anaesthetist” is a very important person of medical fraternity.
- To give correct anaesthesia in correct proportion and at the end of operation to bring the patient safely out of anaesthesia is the main job of anaesthetist.
- To handle this difficult job these doctors are trained for atleast 3 years after M.B.B.S. in the subject of anaesthesiology to get their degree of M.D., D.A., D.N.B.

IMPORANCE OF PRE - ANAESTHETIC CHECKUP

- Builds a rapport between the anaesthetist and the patient.
- Through physical examination of the patient is done.
- Blood, urine, X-ray, ECG and other necessary investigations are done. If required physician/cardiologist opinion is taken.
- Considering all above factors the type of anaesthesia and doses required is decided.
- If the patient has any other associated illness, they are treated & controlled.

ADHERENCE TO INSTRUCTIONS GIVEN BY ANAESTHETIST

- One responsible relative or friend should be present when patient comes to the hospital for surgery.
- Instructions about medicines to be taken and/or stopped before surgery and anaesthesia should be understood properly and followed strictly.
- Empty stomach or no oral intake for 6 to 8 hrs depending on age of the patient&type of surgery.
- After giving all information, patient/ relatives are advised about appropriate anaesthesia, his/ her wishes are considered and then appropriate anaesthesia is given.

TYPES OF ANAESTHESIA

- Only the part of the body where the surgery has to be done is anaesthetised. (Local Anaesthesia)
- To make the lower half of the body insensitive by a pricking needle in the back. (Spinal / Epidural anaesthesia)
- Complete anaesthesia to the whole body. (General Anaesthesia)

*sometimes for some operations topical anaesthesia (local anesthetic drops) or local anaesthesia is given by the surgeon and patients vital parameters are Monitor, it is called monitored anaesthesia care (M.A.C.)

CO-OPERATION EXPECTED FROM PATIENT/ RELATIVES

- Patient/ Relatives should give the complete and correct information to the anaesthetist about the present and other illnesses.
- Details about “Sugar Disease”, “Blood Pressure”, “Heart Problems”, “Breathlessness” “fits” and thyroid problem etc. to be told and also about any treatment being taken for the ailment.
- Any queries or problems should be discussed with the anaesthetist. This helps the patient to face surgery and anaesthesia bravely and with a cool mind.
- To co-operate with the anaesthetist is beneficial to the patient.

INFORMED WRITTEN CONSENT

- Information regarding surgery and anaesthesia is given to the patient and to responsible relatives in the language understood by them.
- Information in detail about type of anaesthesia to be used and other alternatives are given.
- Advantages of the type of anaesthesia, its drawbacks and probable risks are explained to all concerned persons and their doubts are cleared.
- Consent form is given to the patient or to the relatives to readout to the patient and responsible relative and patient is asked to sign the consent form.
- Consent form is a legal document and is binding to both the parties.

COMPLETE ANAESTHESIA (G.A.)

- To make the patient unconscious by injecting medicine into the blood vessel and then put a tube in wind pipe and continue anaesthesia by artificial ventilation. (With anaesthesia gases and oxygen).
- After completion of surgery patient is safely brought out of anaesthesia.

POSTOPERATIVE CARE AND PAIN RELIEF

After the operation, pain relief is provided by anaesthesiologists and instructions are given to monitor the patient’s vital parameters in the post operative ward/ I.C.U.

Risks and Complications of Anaesthesia

Like any procedure anaesthesia also carries with it certain risks depending on health conditions of the patient and type of operation. All the complications are treatable and treated by anaesthesiologist.

Following (GA- General Anaesthesia) Allergic Reactions to drugs, Nausea/Vomiting, Dizziness, Pain Delivered Recovery from Anaesthesia Following spinal or epidural anaesthesia – Headache, Urinary retention, Prolonged numbness, Following regional nerve block – Prolonged numbness, Tingling sensations, Muscle Weakness

Deaths during Anaesthesia are extremely rare (0 to 0.005%) but can occur whenever there is difficult airway and extremely sick patients.

Safe Outcome of the Patient after Anaesthesia

Safe outcome of the patient depends on trained qualified anaesthesiologist who follows well established safety guidelines, well trained assistants, well equipped adequate hospital infrasructure with good patient monitoring facility.