Patient information leaflet: FAQs

1. **What is anesthesia?**
   It is a drug induced temporary and reversible state of amnesia (loss of memory), analgesia (loss of pain), loss of responsiveness, loss of muscle reflexes, decreased stress response or all of these simultaneously.
2. **Who gives anesthesia?**
   Anesthesiologist is a person who is qualified, experienced and trained in administering anesthesia and taking care of you during operation/procedure. The qualification is obtained after a rigorous training for minimum period of 2 years (DA) or 3 years (MD/DNB) and is conferred after assessing suitability through a University examination.
3. **What are the types of anesthesia?**
   There are basically three types of anesthesia:
   Local anaesthesia- this anesthesia blocks the sensation from only the part of the body which undergoes surgery.
   Regional anaesthesia- generally affects a larger area, this anesthesia is administered during surgeries of the lower half of the body through an injection in the back or in the groin or lower neck for lower and upper limb operations, respectively.
   General anesthesia-it causes reversible loss of consciousness and awareness, immobility, and loss of sensation throughout the body.Drugs are administered through a mask and delivered with each breath or injected into bloodstream through a blood vessel (vein) in the hand or leg.
   The type of anesthesia is decided by anesthesiologist based on patient's medical condition, surgical site and patient preference after weighing the risk/benefit and explaining the same to patients.
4. **How is fitness for anesthesia decided?**
   It is decided by a pre anesthesia evaluation or checkup (PAE / PAC). A medical and surgical history is obtained from the patient, followed by physical examination to check mainly the function of various organ systems. This is followed by evaluation of the patient'slaboratory, radiology, neurology and cardiology reports. If all these findings are within normal limits, the patientwillbe accepted for surgery under American Society of Anaesthesiologists (ASA) grading system of 1-2. If there is any abnormality (history of medical problems, abnormality in physical examination or in your reports from investigations), opinion from specialty experts and further investigations may be sought before considering fitness level for anesthesia. These abnormalities place the patientin higher risk category of ASA grading (3-5).
5. **What are the risks of anesthesia?**
   Like any procedures, anesthesia also carries with it certain risks. Most of these are from patient factors and are according to ASA grading. The associated risk of anesthetic related complication and death is graded according to the ASA grading and ranges from 0- 0.3% in ASA I status (normally fit individual) to 9.4-57% in ASA grade V (critically ill patient with significant medical problems).The risk is explained to the patient/relatives before surgery in the informed consent form.
   Deaths during anesthesia are extremely rare but can occur after a major operation mostly because more complicated surgeries are performed, older patients are operated and patients have more complicated co-existing health issues now compared to earlier.
6. **What is your role in helping better outcome for you during anesthesia?**
   After theanesthesiologist has evaluated the patientas described above, he/she will discuss with the patientthe anesthetic plan and type of anesthesia best suitable for his/herASA status and thesurgery, the need for blood transfusion, the need for probable ICU stay and post-operative respiratory and cardiac support, fasting status, medication to be taken or avoided before surgery/anesthesia, measures for postoperative pain relief, medications to relieve anxiety and also obtain an informed written consent after explaining the above. The patientwill have to adhere to all the instructions given by your anesthesiologist to have good outcome. The patientshould be honest and forthcoming about hispast and present medical/ surgical problems, any allergy to drugs, and stick to fasting orders to avoid any adverse perioperative outcome.
7. **What are the safety measures when anesthesia is administered?**
   Anesthetics are administered by qualified Anesthesiologists very carefully and within a recommended dose based on body weight and the patient'smedical condition.The safety standards in

anesthesia are akin to aviation/nuclear industry. Prior to every takeoff (anesthesia), a thorough check of monitors, machine, equipments and drugs including those that might be required for any emergency resuscitation is done.There are minimum standards which are established for monitoring during anesthesia to ensure patient safety and these requirements are adhered to during anesthesia.Todaybetter drugs, better equipments, improved training, cleaner OT/ICU environment and adherence to patient safety checklist has made anesthesia safer.

8. **How do we overcome the patient'sconcerns about anesthesia?**
   The patientmay have certain fears/apprehensions about anesthesia like:
   Will I wake up after anesthesia/surgery?
   Yes, unless there is a major problem affecting your brain.
   Will someone monitor me during operation?
   Your anesthesiologist will monitor your body physiology (heart rate, blood pressure, oxygen level, fluid intake and urine output, temperature, muscle relaxation, depth of anesthesia etc) continuously throughout the surgery.
   Will I have pain?
   All measures will be taken to provide a pain free surgery. You might still have some pain after surgery for which medications will be given to minimize it.
   Will I be aware during operation?
   If general anesthesia is administered for the patient, hewill not generally be aware of the surgery. The patientwill feel as fresh ashe has woken up after sleep without remembering the events of surgery. In regional anesthesia the patientmay ask hisanesthesiologist to give him somesleep medications if hedoes not wish to stay awake during your operation.
   Will I have nausea/vomiting?
   All measures will be taken to prevent occurrence of nausea and vomiting. After the operation, if the patientstill have nausea, medications will be given to reduce it.
   How long will it take for me to awaken from anesthesia?
   After general anesthesia, the patientwill generally be awake in 15 to 30 minutes. If it gets delayed beyond this time, causes other than anesthesia for delayed recovery have to be investigated.
   Why should I fast before surgery?
   The patientmay take normal diet till about 8 hours before surgery and plain water till about 2 hours before surgery. Inadequate fasting duration can put the patientat risk of aspiration of your stomach contents into your lungs and result in adverse outcome.
9. **How anesthesia has contributed to the success of surgery?**
   Anesthesia is an essential part of every surgical procedure. The present day success in surgery including complicated ones is largely because of improved safety and monitoring advances in anesthesia. Life-saving procedures like open-heart surgery, brain surgery or organ transplantation would be impossible without anesthesia.
10. **How is anesthesia for neurosurgery different from other surgeries?**
    Providing anesthesia for patients with brain pathology is challenging because dose requirement may vary and also response to normal dose may be different. Occasionally, awake-asleep-awake procedures are performed if the surgery is close to vital areas in the brain. Awakening after anesthesia may also depend on pre-existing degree of neurological problem and new changes following brain surgery other than anesthetic causes. ICU care postoperatively may be needed for management of respiration and airway protection and to support other vital organs.