Dr Conn Antoniou

Consultant Anaesthetist

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Background

I graduated from Monash University with a Bachelors Degree in Medicine & Surgery with Honours in 1994. I completed Specialist Training in Anaesthesia at the Royal Melbourne & St Vincent's Hospitals. Further training was conducted at Addenbrookes NHS Hospital in Cambridge UK.

After returning to Australia in 2003 I worked as a Consultant Anaesthetist at Box Hill Hospital, Monash Medical Centre and The Royal Eye & Ear Hospital for many years.

I have a great deal of experience with many different types of anaesthetic practice. I also have a particular interest and experience in airway management, regional anaesthesia and the use of ultrasound imaging in anaesthesia.

As a member of the Melbourne Anaesthetic Group I currently work in private practice spanning the disciplines of Orthopaedics, Obstetrics, Gynaecology, Ophthalmic Surgery, Ear, Nose and Throat, General and Robotic Urology, General Surgery and Colorectal Surgery.

Role

My careful and considered professional services to you, as your anaesthetist, will include the following:

1. Pre-operative assessment. This usually takes place after you are admitted to hospital. I will ask about your health, medication and previous experiences with anaesthesia. I will also outline a plan for your anaesthesia and time in hospital. If you feel that you need to be seen by me before admission, please ring my rooms on ***(03) 9419 6255***.

2. Anaesthesia.

(i) *General Anaesthesia* - you are put into a state of carefully controlled unconsciousness during the operation. This is done by giving you drugs either by inhalation or into a vein.

(ii) *Regional Anaesthesia* - numbing part of the body by injecting a local anaesthetic drug near specific nerves leaving that part of your body pain free during and for a time after surgery. This is done with the use of ultrasound imaging to maximise safety but there are risk which are low but not zero.

(iii) *Local Anaesthesia* refers to injection of a local anaesthetic drug at the site of the operation for short acting pain relief. It's not intended to effect other parts of your body and you will not be asleep. With this type of anaesthesia I will usually make you sleepy and relaxed with the aid of intravenous agents.

3. Post-operative care. After your operation I will continue to monitor your condition and prescribe medication as appropriate to ensure that you have recovered from the surgery. When I am

satisfied that you are ready, I will transfer you to the Post Anaesthetic Care Unit (PACU) where I will continue to keep abreast of your recovery through the PACU nursing staff.

Preparation for surgery

It is important to follow these guidelines to ensure that you have the best outcome from your surgery. Failure to follow these steps may result in cancellation of surgery or a sub-optimal experience or outcome. If you feel you have a good reason for being unable to follow these guidelines, please contact me in advance of surgery.

0. *Increase your fitness prior to surgery*. Drink less alcohol in the weeks prior surgery and no alcohol on the day prior surgery, stop smoking as soon as possible and ideally 6 weeks before surgery, stop taking recreational drugs. These steps will benefit your recovery after and during surgery.

1. *Fasting*. This is necessary to ensure that your stomach is empty. If you have food in your stomach during anaesthesia it may be refluxed into your lungs causing severe damage and even death. Normal food intake until six hours before arrival to hospital is fine. After ceasing food intake, you may drink freely of water until three hours prior to the time you are expected to arrive in hospital (to a maximum of 500 ml).

2. *Medications*. Please bring all current medications to hospital. You should continue all regular medications even on the day of surgery (with sips of water) except tablets for lowering blood sugar (see point 3) and blood thinners (see point 4).

3. *Diabetes.* Patients on oral diabetic medication should not take their medicine (e.g. Metformin, Gliclazide and other) on the day of surgery. A subgroup of patients, who take Sodium-Glucose Co Transporter 2 Drugs ("gliflozins") either alone or in combination (such as Forxiga, Jardiance, Jardiamet, Xigudo XR and others) need to stop these drugs 3 days prior surgery. That is 2 days prior surgery and the day of surgery. They may need to increase other diabetic medications to cope with the increased blood sugars during this time (please discuss with your GP or Endocrinologist). These drugs can lead to life threatening side effects during surgery. Patients on insulin should contact their endocrinologist for an appropriate plan for the period of hospitalisation. Please contact my rooms so that I can be made aware of the plan.

4.*Blood thinning drugs* will often need to be stopped. Your surgeon is best placed to discuss this with you and the need for any bridging therapy as your medication may make you much more likely to bleed during surgery. As a general rule; Pradaxa (Dabigatran) needs to be stopped 3 days prior surgery, Apixaban (Eliquis) cease 2 days prior surgery, Plavix or Iscover (Clopidogrel) needs to cease 7 days prior surgery, Xarelto (Rivaroxaban) needs to be stopped 1 days prior surgery and Warfarin needs to be ceased until the INR has normalised, typically 3 - 5 days.

5. *Sleep Apnoea*. If you have been diagnosed with sleep apnoea you must bring your pump with you to hospital. OSA can have substantial implication for anaesthesia and you may require admission to the High Dependency Unit post op to recover properly. If you have moderate to severe OSA please notify Dr Antoniou and bring any correspondence from your respiratory or sleep physician. Failure to follow these steps may mean cancellation of surgery until appropriate arrangements can be implemented.

6. *Do not smoke*. The longer you stop smoking before anaesthesia the greater the benefit. Ideally cessation from smoking 6 weeks prior to surgery should occur.

7. *Cease taking herbal remedies* such as Garlic, Ginger, Ginkgo Biloba or St John's Wort a week before surgery as they can interfere with your anaesthetic.

8. *Pacemakers and Implantable Defibrillators*. These devices can be adversely affected by equipment used during your surgery rendering them ineffective. People with these devices need to see their cardiologist to seek a management plan for use around the time of surgery. This may involve the need to temporarily reprogram your device to make it less susceptible. Please bring this plan with you on the day of surgery.

9. If the *patient is a child*, talk to them about what to expect including realistic expectations for pain after surgery. In most cases I am happy to have a parent present at induction of anaesthesia to comfort your child. Fasting for surgery for a child, less than1 or infant should be as follows; 6 hours for cow's milk, 4 hours for breast milk and 2 hours for clear fluids.

Risks and complications of anaesthesia

Australia is one of the safest places in the world to have an anaesthetic.

Anaesthetists are highly trained doctors having spent many years of specialist training after earning a medical degree to ensure the safety of our patients.

Complications can and do occur and can be divided into minor side effects which are more common and serious side- effects which are rare.

Some minor side-effects include nausea and vomiting, drowsiness, feeling faint or dizzy, headache, dry throat, shivering, minor lip damage, blood pressure changes or pain or bruising at the site of an injection. These are usually very transient.

Rare events, many of which can be ameliorated or treated, include drug reactions (usually allergic reactions), heart attack, lung damage, temporary or permanent nerve damage, death and the possibility of awareness during surgery.

Capped teeth or crowns are more prone to damage compared to normal teeth, during surgery and anaesthesia. Please inform me of any caps, crowns or loose teeth prior to surgery.

Post-operative instructions

If you are going home on the day of surgery, it is preferable that a responsible adult accompany you home and remain with you until the next day. You should not drive a car, operate dangerous machinery, sign any legal documents or drink alcohol.

You may eat and drink as you wish unless your surgeon instructs otherwise. Light food is best at first. You may also be given strong pain killers such as Endone (Oxynorm) and/or Targin to deal with any post-operative pain that can't be entirely controlled with simple analgesics such as paracetamol & anti-inflammatories. These stronger drugs should be taken in addition to the simple analgesics. Take Paracetamol up to 4 times a day as required and regular anti-inflammatories. Please be aware that all strong pain killers may cause nausea or constipation so you should take steps to deal with this by increasing your fluid intake and perhaps temporarily taking an aperient such as coloxyl, metamucil or lactulose.

Lastly, you may feel tired and lethargic for a day or so post-surgery. Your diabetic control, normal sleep patterns and blood pressure may also be temporarily disrupted. This will settle back to what is normal for you shortly.

If you have any further questions you can contact me through my office on the above number.