

# **Dr Nicholas Scurrah**

ABN: 22 791 241 674

M.B.B.S. (Hons) F.A.N.Z.C.A. PG Dip Clin Ultrasound  
CONSULTANT ANAESTHETIST

Provider No. 206516RX

www.mag.melbourne

Suite 64, Level 6, 166 Gipps Street  
East Melbourne Vic 3002

Ph: 03 9419 6255

Fax: 03 9416 1849

---

## **Background and Introduction**

Your treating specialist for your upcoming procedure has deemed anaesthesia care necessary. Depending on the timing of your procedure I may be responsible for providing that care. I am a medically trained doctor and have undertaken specialty training in anaesthesia. After completing 6 years at Monash University and obtaining honours for my primary medical degree I did my internship at Monash Medical Centre. I then began basic physician training at the Austin Hospital and completed a further two years of subspecialty medical jobs before applying for and being accepted onto the Australian and New Zealand College of Anaesthetists 5 year training program. This training was undertaken at the Austin and its affiliates, Royal Children's Hospital, Mercy Hospital for Women and Monash Medical Centre. At the end of my training I travelled to the UK and worked for 2 years at Addenbrookes NHS Trust in Cambridge with further training in anaesthesia for liver transplantation and neurosurgery. I currently work as a VMO Specialist in Anaesthesia at Austin Health where I provide elective and emergency anaesthesia for complex patients scheduled for surgery in a variety of subspecialties. In private practice I work predominantly at Warringal, The Avenue, Epworth, John Fawkner, Knox and Manningham DPU providing anaesthesia for oral surgery, neurosurgery, orthopaedic surgery, general surgery including bariatrics, ophthalmic surgery, endoscopy and cardiac catheter lab.

## **What to expect from your Anaesthesia**

Anaesthesia is a vital component to modern surgery and is essential for the monitoring and preservation of vital body functions during the unconscious state. I will meet you before your procedure and perform a preoperative assessment: determining amongst other things your significant medical conditions, medications, allergies and previous anaesthesia experience. Once in the procedure area I will insert an intravenous cannula and perform any other procedures that are deemed appropriate to provide you with safe anaesthesia. I will be in continuous attendance looking after you exclusively during and after your procedure until I judge you to be safe to hand over to the skilled care of the Post Anaesthesia Care Unit nursing staff. I will set up an analgesic regime tailored to your specific needs and ensure all appropriate regular medications are prescribed for your postoperative course.

## **Preoperative Instructions**

**Fasting** – For morning procedures please fast from midnight the night before the procedure. For afternoon procedures please fast after a light early morning breakfast at 0600 hrs. Water can be taken in small amounts up until 3 hours before the procedure.

**Medications** – Please take all your usual medications unless instructed otherwise by your treating specialist. Medications for diabetes mellitus or agents used to thin the blood such as aspirin, warfarin and clopidogrel require special advice so please discuss with your surgeon or proceduralist.

## **Risks of Anaesthesia**

Anaesthesia is a very safe procedure. Australia is one of the safest places in the world to have anaesthesia and surgery. This safety is attributable to the extensive training required by your surgeon, your anaesthetist and the staff that work with them. Common problems with anaesthesia include a sore throat, nausea or vomiting and some post-op pain. Pain can be managed with medications or special local anaesthetic techniques. Cannulation sites may bruise and have some postoperative tenderness. Less common risks include: damage to teeth; lung aspiration of stomach contents (fasting reduces this risk); bleeding requiring blood transfusion. Serious risks are fortunately very rare: risk of death varies depending on general health but overall is approximately 1/80000; risk of serious allergic reactions range between 1/10000-1/20000; permanent nerve damage related to special techniques such as arm or leg blocks, spinal or epidural blocks ranges between 1/10000-1/150000.

**Spinal Anaesthesia** – frequently used to minimise and modify operative and post-operative pain in major abdominal surgery, pelvic surgery, hip arthroscopy and hip or knee replacement. Usually performed under sedation this procedure is well tolerated. Potential problems with procedure include itch related to pain killing medication, post-op headache, inability to pass urine requiring urinary catheter and very rarely permanent nerve damage related to bleeding or infection(see above)

**Shoulder Surgery** – depending on surgical preference this surgery may be performed in the sitting position or on your side(lateral). The sitting position has anaesthesia implications particularly in respect of blood pressure control. On the day of surgery avoid heavy exertion and please do not take blood pressure lowering drugs but bring them with you to hospital. Nerve blocks may be offered to help with pain control. Nerve blocks are routinely performed with ultrasound guidance and are very safe(see above)

**Special Monitoring** – some major surgeries and some unwell patients require special monitoring during anaesthesia and surgery. Accurate measurement of blood pressure and heart performance may need placement of special drips/lines into arteries and veins. These lines will often be placed once you are sedated or anaesthetised. Arterial lines are most often placed near the wrist. Venous lines may be required in the large veins of the neck or groin. Risks associated with these lines are very low but include bruising, bleeding or damage to adjacent structures including arteries, nerves or the lung.

**Ophthalmic Surgery** – many procedures are performed under local anaesthesia and sedation. Local anaesthesia may be via drops or by blocks/injections around the eye. Anaesthesia of this type is very safe but injections around the eye may cause some bruising or more rarely bleeding that may even delay the intended surgery. Vision compromising complications are very rare.

**Cardiac procedures** - Transoesophageal Echocardiography (TOE) will be required for some cardiac ablation procedures and the performance of this procedure will often be associated with postoperative sore throat and discomfort on swallowing that will be mild in severity and of short duration. Rarely the discomfort and swallowing problems may be more severe or prolonged but this would be a risk in the order of 1/500.

### **Anaesthetic Fees**

A fee will be charged for your anaesthesia services. You will often (excl. cosmetic surgery) be able to claim a rebate from Medicare and your private health insurance for your anaesthesia services. This rebate will often not cover the entire fee for anaesthesia care.

My fees are generally set at between \$50-65 per RVG unit. This is a considerable discount from those set by the AMA/ASA (\$88 per unit). Further discounts may be offered to pensioners and for prompt payment. Anaesthesia related out of pocket expenses (Gap fees) vary between health funds.

Patients insured with AHM, Medibank, BUPA, GMHBA, HCF or AHSA funds (e.g. Defence, CUA, HBF, Navy, Teachers, Transport) will have lower out of pocket costs than those insured by funds that pay lower rebates for anaesthesia care(e.g. **Latrobe, FRANK & Budget**).

Constant changes to the Medicare Schedule and also the Co-payment rules laid down by some insurers are continually eroding anaesthesia remuneration. This fee erosion is occurring at the same time that medical practice costs are rising at a significant rate. As a result there will be occasions where I am unable to participate in a Known-Gap scheme and the entire anaesthesia fee will be billed direct to the patient. A Medicare and Insurance rebate may apply in these circumstances but will often be less than half of the anaesthesia fee. The Medicare component is unchanged in these circumstances but unfortunately the rebate paid by health insurers is dramatically reduced when using a total fee approach.

**For orthopaedic, dental, and bariatric procedures an account for the full fee or an out of pocket fee (where applicable) will be posted to all patients requesting payment prior to surgery.** Patients insured with funds offering a “no-gap” product only (**NIB**), Overseas insurance or the uninsured will also be asked to pre-pay the anaesthesia fee in the days leading up to their surgery. Applicable MBS item numbers will be issued after surgery to allow reimbursement from Medicare and fund where applicable.

### **Enquiries**

If you have any queries with respect to the information provided in this leaflet, please feel free to either ask questions at the time of the pre-anaesthesia consultation or contact me direct via the contact details listed on the header.