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My professional services to you as your anaesthetist will include the following:

- 1. <u>Pre-operative assessment</u>. This usually takes place after you are admitted to hospital. I will ask about your health, medication, and previous experiences with anaesthesia. We will talk about the options available for your operation taking into consideration your medical condition, your wishes, and the needs of the surgery. If you feel that you need to be seen by me before admission please ring my rooms on (03) 9419 6255.
- 2. Anaesthesia. This can be done in three ways.
 - (i) <u>General Anaesthesia</u> 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) <u>Regional Anaesthesia</u> numbs part of the body by injecting a local anaesthetic drug near nerves leaving you awake but pain free.
 - (iii) Local Anaesthesia refers to injection of a similar drug at the site of the operation.

Sedation can be given for some procedures, often with regional or local anaesthesia. This will make you sleepy and relaxed, though not as deeply asleep as a general anaesthetic and you may be aware of being in the operating theatre though you should not have any discomfort. During surgery I will carefully monitor your condition and adjust the anaesthetic accordingly.

3. <u>Post-operative care</u>. After your operation I will continue to monitor your condition to ensure that you have recovered from the anaesthetic. I will ensure that you feel as little pain as possible and order intravenous fluids and other drugs as required.

Preparation for surgery

<u>Fasting</u>. This is necessary to ensure that your stomach is empty. If you have food in your stomach it may cause severe damage to your lungs during anaesthesia. You may have normal food until **six hours** before surgery & <u>CLEAR</u> fluids/water until leaving home for hospital. This usually equates to **two hours** if you are the first patient on the theatre list, from here we can order fluids as appropriate once the patients have been admitted to the hospital.

If your surgery is scheduled for the morning, then you should have no food after midnight. If your surgery is scheduled for the afternoon, you may have a light breakfast before 7am.

The above applies to adults and teenagers only.

Medications. Please bring all current medications to hospital. You should continue any regular medications up to and including the day of surgery except tablets for lowering blood sugar. You should also cease any drugs that your surgeon has told you to stop (e.g. aspirin). Blood thinning drugs such as **Iscover** or **Plavix** may need to be stopped two weeks before surgery, **Apixaban**, **Dabigatran**, **Rivaroxaban** for up to 72 hours & **Warfarin** 5-7 day, but only after discussion with myself and/or your cardiologist and surgeon.

<u>Diabetes.</u> Please contact me if you are on insulin to discuss your insulin regime prior to your procedure and also contact your Endocrinologist/GP.

If you take oral diabetic medication, you should <u>not take your medicine</u> (e.g. Metformin, Gliclazide) on the day of surgery. A subgroup of patients take the newer Sodium-Glucose Co Transporter 2 Drugs ("gliflozins") either alone or in combination with other glucose regulating drugs.

If you take any of the following medications, they must be stopped 3 days prior to surgery i.e. 2 days prior to surgery plus the day of your surgery:

Forxiga (dapagliflozin), Jardiance (empagliflozin), Steglatro (ertugliflozin) or combinations with metformin Xigduo as well as fixed dose combinations with metformin Xigduo, Jardiamet, Segluromet or combinations with gliptins Glyxambi, Qtern, Steglujan. The above medications have the potential to cause severe metabolic disturbances in the setting of fasting and surgery.

Please contact your GP or Endocrinologist to discuss blood glucose control pre surgery as your medication may need to be adjusted, and kindly inform my rooms of any proposed treatment plans. If you have any questions at all do not hesitate to contact me for clarification.

<u>Do not smoke</u>. The longer you stop smoking before anaesthesia the greater the benefit.

Stop taking <u>herbal products</u> for at least two weeks prior surgery.

Children - I am happy to have a parent present at induction of anaesthesia to minimize anxiety. In children inductions is usually achieved by inhaling the anaesthetic through a mask – often flavored. Generally, there are no needles and your child will wake up with a small plastic cannula in the hand/arm. The designated parent will be called in to recovery as soon as possible after anaesthesia.

Fasting for a child or infant should be as follows; 6 hours for solids/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 to ensure the safety of our patients.

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

Some minor side-effects include nausea and vomiting, drowsiness, feeling faint, headache, sore throat or pain or bruising at the site of an injection.

Rare events, all of which can be treated, include drug reactions (usually allergy), heart attack, stroke, lung damage/aspiration, breathing problems (exacerbation of asthma/lung disease), nerve damage and the possibility of sensation during surgery.

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

Infections resulting from anaesthesia are extremely rare. All drugs, needles, syringes and iv lines are used for one patient only and then thrown away. Blood transfusion is kept to a minimum and is only used when the benefit of having blood outweighs the risk. All bank blood is tested for disease, though a very small risk of cross-infection remains.

Post-operative instructions

If you are going home on the day of surgery you should have an adult to accompany you home and remain with you until the next day. You may eat and drink as you wish unless your surgeon instructs otherwise. Light food is best at first. On the day of surgery, you must not drive a car, operate dangerous machinery, sign any legal documents, or drink alcohol.

Anaesthetic Fee

You will receive an account for my services, which is separate to the accounts you receive from your surgeon and the hospital. My fees are based on (but less than) those suggested by the AMA and the Australian Society of Anaesthetists.

The fee varies depending on the complexity and duration of the procedure. Because the fee depends upon how long your procedure takes sometimes it is not possible to give a definite cost prior to your anaesthetic. Usually there will be an out of pocket expense between my fee and the rebates paid by Medicare and your health insurer.

The following serves as a guide only, fees for some patients may vary from this depending on the complexity of the procedure. If your private health fund participates in the "known gap" system – this, where applicable will be used to reduce your out of pocket costs.

Estimate of Out of Pocket for <u>insured</u> patients:

- Less than 1 hour, up to \$500
- Between 1-2 hours, up to \$700

- Between 2-3 hours, up to \$900
- More than 3 hours, up to \$1900

Insured patients having a <u>Robot Assisted Radical Prostatectomy</u> may have an **out of pocket expense of \$1550.00. **Uninsured** Patients will be asked to pay \$2500 prior to surgery – after surgery you may be entitled to a minor rebate from Medicare.

If you are a DVA, Workcover or TAC patient and have the appropriate approval, there will be no out of pocket cost.

If you are **Uninsured**, **insured with NIB** or have **overseas health insurance** – you will receive the full account which must be paid prior to your procedure. Your out of pocket costs may be higher than those listed above.

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