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My 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 and previous experiences with anaesthesia and will discuss the options available for anaesthesia for your operation. If you feel that you need to be seen by me before admission please ring my rooms on the above number.
2. **Anaesthesia**. This can be general, regional or local anaesthesia. For general anaesthesia you are put into a state of unconsciousness during the operation. This is done by giving you drugs either by inhalation or into a vein. Regional anaesthesia numbs part of the body by injecting a local anaesthetic drug near nerves, while 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 you are not as deeply asleep as a general anaesthetic. This means that you may be aware of being in the operating theatre though you will not have any discomfort. We will plan the type of anaesthetic to be used for your operation at the pre-operative visit. During surgery I will monitor your condition and adjust the anaesthetic accordingly.
3. **Post-operative care.** After your operation I will continue to monitor your condition to ensure that you have recovered from the anaesthetic. I will order pain relief, intravenous fluids and other drugs as necessary.

Preparation for surgery

There are some things you can do to make your anaesthetic safer.

1. Fasting. This is necessary to ensure that your stomach is empty. If you have food in your stomach it may cause damage to your lungs during anaesthesia. You may have your normal food intake until six hours before surgery. After this you may have clear fluid until two hours before surgery. Clear fluid includes water, tea or coffee without milk or fruit juice. For this purpose, you should regard the time of surgery as being the time you are told to arrive at the hospital.
2. Medications. Please bring all current medications to hospital. You should continue to take any regular medications up to and including the day of surgery except diuretics, drugs which cause indigestion if taken without food, insulin and tablets for lowering blood sugar. You should also cease any drugs that your surgeon has told you to stop (e.g. aspirin which may need to be stopped two weeks before surgery). If you take insulin please ring me before the day of admission to discuss an insulin regime for the day of surgery.

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 **dapagliflozin** (**Forxiga**), **empagliflozin** (**Jardiance**), and **ertugliflozin** (**Steglatro**), as well as fixed dose combinations with metformin (**Xigduo**, **Jardiamet**, **Segluromet**) or with gliptins (**Glyxambi**, **Qtern**, **Steglujan**), these drugs need to be stopped 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.**

Blood thinning drugs **may** need to be stopped before surgery as they increase the risk of bleeding. The plan depends on the particular drug and operation, as well as the condition for which you take the drug. You should discuss this with your surgeon at least a week before your operation. Commonly used blood thinning drugs include **apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto), clopidogrel (Plavix or Iscover), warfarin and aspirin.**

3. Do not smoke. The longer you stop smoking before anaesthesia the greater the benefit.

4. 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 the child.

5. Tell your surgeon and anaesthetist about any health problems.

Risks and complications of anaesthesia.

Australia is one of the safest places in the world to have an anaesthetic. Complications of anaesthesia can be divided into minor side-effects which are common and serious side-effects which are rare. Minor side-effects include nausea and vomiting, drowsiness, feeling faint, headache, pain at the site of surgery, sore throat and pain or bruising at the site of an injection. Rare events, all of which can be treated, include dental damage, drug reactions (usually allergy), heart attack, lung damage and the possibility of sensation during surgery.

Infections resulting from anaesthesia are extremely rare. All drugs, needles, syringes and intravenous 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. For some operations, your surgeon will suggest banking some of your own blood which is safer than donor blood. If you have any specific concerns please tell me at the pre-operative visit.

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 machinery, sign any legal documents or drink alcohol.

Fees

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 recommended by the Australian Medical Association and the Australian Society of Anaesthetists. The fee varies depending on the complexity and duration of the procedure. You may be able to claim a rebate from Medicare for your anaesthetic fee. If you have private health insurance you will be able to claim a further rebate. There may be a gap amount between my fee and the rebates paid by Medicare and your private health insurer. The gap has arisen because for many years Medicare rebates for anaesthesia have not been indexed to the real costs of running a medical practice.

Estimate of out of pocket fees for anaesthesia:

The following serves as a guide only for insured patients. Fees 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. Please note that **NIB** does not participate in the "Known Gap" gap system.

Your surgeon is best placed to provide an estimate of the expected duration of your operation:

- Less than 1 hour, up to $500
- Between 1-2 hours, up to $700
- Between 2-3 hours, up to $1000
- More than 3 hours, up to $1200**

**Patients having major surgery e.g. Robotic, Bariatric, Cosmetic may have higher out of pocket costs. Please contact our rooms for a more accurate estimate.
Occasionally a procedure is more complex than first anticipated. This makes it difficult to give an accurate estimate and your fee may be higher than previously estimated. All efforts are made to contain fees within estimated pre-operative guidelines, but some procedures require further consideration.

Uninsured, patients with NIB or overseas health cover will be required to pay the total fee for anaesthesia prior to surgery. My rooms will be in contact with you prior to your surgery to arrange payment.