**Dr Robyn Maina**
SPECIALIST ANAESTHETIST

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## Dr Robyn Maina MBBS, FANZCA

*Dr Robyn Maina will be your anaesthetist for your upcoming procedure.*

*Please be reassured that Australian anaesthetists have world class training in anaesthesia, pain control, resuscitation, intensive care and managing medical emergencies, so there is no safer place in the world to have an anaesthetic than in Australia.*

*We hope you find the information in this document to be helpful. If you have any questions or queries, please contact Central Anaesthetic Group on 03 9086 8000.*

**Procedure: Dental procedure**

**What is an Anaesthetist?**
Having completed medical school and worked for a minimum of 2 years as a doctor, the Anaesthetist must then complete at least 5 further years of anaesthetic training. During that time your Anaesthetist is trained in all aspects of medicine related to patient care before, during and after surgery including pain management, resuscitation, the management of medical emergencies and intensive care. In addition, Anaesthetists may also study and have sub-speciality interests in specific areas such as Paediatrics, Obstetrics and Cardiac Anaesthesia.
All CAG Anaesthetists are registered with the Medical Board of Australia and the Australian and New Zealand College of Anaesthetists (ANZCA). Every Anaesthetist takes part in the continuing medical education program run by the College or equivalent, to ensure they remain up to date with the rapid changes in Anaesthesia and Medicine.

**BEFORE YOUR SURGERY**
I will be in contact with you prior to surgery; otherwise I will assess you after you are admitted on the day of surgery. I will need to know about any medical conditions you may have, your medication, allergies and previous experiences with anaesthesia.

We will discuss the anaesthetic options available, taking into account your general health, your wishes and the needs of the surgery. If you would like to discuss any issues prior to surgery, please contact my rooms on the above number.

**Types of Anaesthesia**
Anaesthetics can be general, regional or local. These techniques can be used alone or in combination with each other. Your anaesthetist will discuss with you the best anaesthetic for your procedure.
* General anaesthetic - Your anaesthetist will induce a state of unconsciousness usually by a combination of administering drugs intravenously and by inhalation. You will not be aware or experience any bodily pain. Your bodily functions are constantly monitored by your anaesthetist for the duration of your procedure.
* Regional anaesthetic (Epidural/spinal/eye blocks) - Regional anaesthesia involves the blockade of a group of nerves or the spinal cord by the injection of drugs called local anaesthetic agents; this causes an area of the body to have no sensation, but the patient remains conscious.
Regional anaesthesia is often used for surgery on the limbs, the eyes or the lower abdomen, such as caesarian sections. Sometimes regional anaesthesia is used to supplement general anaesthesia. Regional anaesthesia is very safe and does not involve some of the potential complications and side effects that can happen with sedation and general anaesthesia. But it does carry the risks of rare complications such as infection, bleeding or nerve damage.
* Sedation - A technique also known as "Monitored Anaesthesia Care" is commonly used by anaesthetists to relieve pain (and reduce patient anxiety) for a variety of surgical procedures. Sedative drugs are used to induce a state where you are breathing on your own but kept comfortable. Your anaesthetist will carefully monitor your vital signs throughout.

**Fasting**
If your operation is in the morning you must not have anything to eat after 12 midnight. You may sip water up to 2 hours prior to the time you have been asked to attend the hospital. If your operation is in the afternoon please have a light breakfast prior to 6 am. Do not eat or drink anything after this time except for water which you may continue to sip in small volumes up to 2 hours prior to the time you have been asked to attend the hospital.
Your procedure will be postponed if you are unable to abide by the fasting guidelines.

**POST OPERATIVE CARE**
As you recover from your procedure I will monitor your condition and arrange pain relief, Intravenous fluids and other drugs as required. Sometimes more advanced forms of pain relief are used such as an epidural infusions or pain medication pumps.

**Preparation**
Fitness aids in your recovery so to improve your general condition, you need to:
* Gentle exercise such as walking or swimming
* Stop smoking as soon as possible (ideally at least 6 weeks prior to your treatment)
* Reduce alcohol consumption. Please refrain from excessive alcohol the evening prior to your procedure.

**Medications**
Please bring all medications to hospital. You should take all your regular medications up to and including the day of your surgery. If you take insulin or tablets to lower your blood sugar please follow your surgeon's/anaesthetist's advice. Your surgeon may have asked you to stop taking medications that thin your blood.

**Know the risks**
Anaesthesia today is very safe however we always inform our patients of the possible risks. Please note that some of these risks are very remote. Your CAG anaesthetist will tailor your anaesthetic to minimise your risk of having complications during your surgery.

Minor complications may include:

- headache
- nausea and vomiting
- inflammation/bruising at injection entry point
- temporary nerve damage
- throat irritation from inhaling gases and breathing tube

Major complications may include (these are vary rare):

- dental damage
- recall during surgery
- heart attack
- stroke
- brain damage
- death

These risks are extremely low. Patients with heart or lung disease, blood pressure problems, have previously had a stroke, are diabetic or smokers are in a higher risk category, as are older patients. Major surgery and blood loss can also increase the risk. Allergic reactions to anaesthetic drugs are possible (although very rare).

**Pain control**
You will have some discomfort when you wake up. If required more analgesia will be given to you in the recovery room until you are comfortable. You may be given a PCA (patient controlled analgesia) device when you wake up. This is a device which allows you to give yourself a small dose of morphine or pethidine every time you have pain after the procedure. I will go through this in more detail when I meet you. You will also be on regular oral pain killers after the procedure.

**PREPARING FOR YOUR SURGERY**

1. Fasting. Fasting is necessary to ensure that your stomach is empty. Food or fluid in the stomach may be regurgitated during anaesthesia. If inhaled this could result in serious lung damage. The same risk applies for regional anaesthesia and local anaesthesia with sedation. You may have normal food intake with a light meal up to 6 hours prior to surgery. After this you may have small amount of clear fluids up to TWO hours prior to surgery. Clear fluids include water, black tea/coffee (i.e. without milk), and apple juice.

2. Medications. Please bring all current medication to hospital. With the exception of diabetic medication and blood thinning tablets, take your normal medication with a sip of water on the morning of your hospital admission. Even if you are fasting, you can take your tablets with a small sip of water.

Blood thinning medications (e.g. Plavix, Iscover) may need to be stopped prior to surgery, so you should tell your surgeon about these to confirm whether they should be stopped.

Diabetic tablets should be taken with an early breakfast if you are having afternoon surgery. For morning surgery, don't take your diabetes tablets before coming to hospital. If you take insulin, please ask your endocrinologist about your insulin needs prior to surgery. If in doubt, please contact my rooms to discuss with me.

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**After the Operation**
You will be carefully monitored after your surgery by your anaesthetist and recovery staff. You will feel drowsy after you wake from your anaesthetic, and may have a dry throat, feel nauseous or have a headache. These symptoms are temporary and will pass. Sometimes dizziness, blurred vision or short term memory loss may occur after anaesthetic. These symptoms are normal and will pass quickly. If you are at all concerned about any after effects you might experience please contact your anaesthetist.

**Going Home**
For day surgery procedures it is important to organise for a family member or friend to escort you home from the hospital. Taking a taxi or public transport home without the care of a responsible adult is not considered safe following an anaesthetic. Also, for at least 24 hours, it is recommended that you do not drive your car, make any important decisions, use dangerous equipment or tools, sign legal documents or drink alcohol. Please discuss any concerns you may have with your anaesthetist.

**More information**
For additional information and useful links please visit our website: www.centralag.com.au

**RISKS AND COMPLICATIONS OF ANAESTHESIA**
Australia is one of the safest countries in the world to have an anaesthetic. Anaesthetists are highly trained specialist doctors. However, complications and side effects can still occur.

The most common anaesthetic complications include:
Discomfort and bruising at injection site, nausea and vomiting, sore throat (from breathing devices).

Less common anaesthetic complications include:
Dental damage (particularly with veneers, caps or crowns), bruising or small cuts around the mouth, eye irritation, and local infection.

Serious complications are fortunately very rare and include serious allergic reactions, awareness during anaesthesia, heart attack, stroke, major nerve or blood vessel injury, damage to the lungs, liver, kidneys or other major organs, death.

Anaesthetists have specific training in the handling of emergency situations and any such situation will be promptly and expertly handled.

Infection resulting from anaesthesia is extremely rare. All drugs, needles, syringes and intravenous lines are used for one patient only and then discarded. Blood transfusion is avoided wherever possible, and is only administered when the benefit outweighs the risk.

**POST-OPERATIVE INSTUCTIONS**
If you are undergoing a day procedure arrange for an adult to accompany you home and remain with you until the next day. During this time you should not drive, operate machinery or sign any legal documents, as your judgment may be impaired. It is sensible to rest quietly during this time. You may eat and drink as you wish unless instructed otherwise by your surgeon. It may be best to commence with clear fluids and progress to light foods as tolerated before returning to a normal diet. Avoid alcohol.

**FEES**

A fee will be charged for your anaesthetic; separate to the account you receive from your surgeon or hospital.

The fee is calculated using the Relative Value Guide for anaesthesia, which takes into consideration the degree of difficulty of the anaesthetic, the age and general condition of the patient and the actual time taken. It is charged at a level reflecting the costs of practice, training and the maintenance of the highest possible standards. My fees are significantly less than levels considered fair and reasonable by the Australian Society of Anaesthetists and the Australian Medical Association.

There is a discrepancy between the fees charged and the Medical Benefits Schedule, upon which Medicare and the private health funds base their rebates. This discrepancy has increased as rebates have failed to keep up with escalating costs over the years. For example since 1991 the MBS rebates have increased by 15% while the consumer price index and practice costs have risen by over 50%.

There are a handful of funds (including but not limited to: NIB, Qantas, Latrobe, Mildura, Frank, Fit & Budget Direct), whose rebate is significantly lower than most other funds. Members of these funds will receive the same Medicare rebate, but a lesser health fund contribution and will therefore incur a larger "gap" fees.

If you have any concerns about this aspect of your anaesthetic care, please do not hesitate to discuss this with me prior to surgery