

Frequently Asked Questions

Anesthesia Patients

The information provided below is for informational purposes only. Be sure to consult with your physician regarding your particular situation.

Before Surgery

Q. Who are anesthesiologists?

A: Anesthesiologists are physicians who complete a four-year college program, four years of graduate doctoral training and four more years of an anesthesiology residency. In addition, some anesthesiologists elect to complete a fellowship and spend an additional year of specialty training in a particular area like pain management, cardiac anesthesia, pediatric anesthesia, neuroanesthesia, obstetric anesthesia or critical care medicine. They apply their knowledge of medicine to fulfill their primary role in the operating room, which is not only to ensure your comfort during surgery, but also to make informed medical judgments to protect you. These include treating and regulating changes in your critical life functions -- breathing, heart rate, blood pressure -- as they are affected by the surgery being performed. These medical specialists are the doctors who will immediately diagnose and treat any medical problems that might arise during your surgery or recovery period. Anesthesiologists are also involved in pain management, including diagnosis and treatment of acute and chronic problems.

Your Pinnacle anesthesiologist is a physician who is board certified (or board eligible) in anesthesia by the American Board of Anesthesiology. To become eligible to take these board exams, a physician must successfully complete four years of medical school, an internship and at least three years of intensive training in anesthesia. Many of Pinnacle's anesthesiologists have additional specialty training. You will meet your anesthesiologist prior to going into surgery, who will ask some questions about your health and/or ask you to fill out an anesthesia questionnaire, as well as discuss the planned anesthetic with you.

Q. May I choose my anesthesiologist?

A: There are several Pinnacle anesthesiologists who are credentialed to provide anesthesia at the facility your procedure is being performed. You may review their bios by going to www.pinnaclepartnersmed.com, choose "About Us" in the upper right-hand corner, then click on the Divisions link under Pinnacle Anesthesia. If there is a particular physician you prefer to work with, let your surgeon's office know prior to scheduling your procedure. They will do their best to honor your request but cannot guarantee all requests will be met due to scheduling difficulties.

Q. Can I eat, drink or smoke before my anesthesia? Why?

A: As a general rule, you should not eat or drink anything after midnight before your surgery. Under some circumstances, you may be given permission by your anesthesiologist to drink clear liquids up to a few hours before your anesthesia. You may be asked to take some or all of your usual medications with a few sips of water before surgery - these are usually dissolved and out of your stomach by the time anesthesia starts. Your anesthesiologist may also recommend that you take certain antacids prior to your anesthetic if you are at risk for aspiration.

When anesthesia is given, it is common for all the normal reflexes to relax. This condition makes it easy for stomach contents to go backwards into the esophagus (food tube) and mouth or even the windpipe and lungs. Because the stomach contains acid, if any stomach contents do get into the lungs, they can cause a serious pneumonia, called aspiration pneumonitis. It is very important that patients have an empty stomach before any surgery or procedure that needs anesthesia.

You should stay away from smoking cigarettes for as long as you can before and after surgery. This will help you have the best possible results from your surgery. For example, quitting will reduce the chances you will have problems like a wound infection after the operation. It is especially important that you not smoke the morning of surgery -- just like you don't eat the morning of surgery, don't smoke. Many people find that surgery is also a good opportunity to quit smoking for good because most people crave cigarettes less often while in the hospital, and your chances of quitting successfully are increased if you try it around the time of surgery.

Q. What do I need to tell the anesthesiologist?

A: It is important that you are open and honest when answering questions prior to surgery. These questions relate to your general health and any specific medical conditions that may present a risk to you. You should be prepared to discuss your health history, the history of your blood relatives (if known), any medications including over-the-counter products, smoking, drug use, past experiences with surgery and anesthesia, etc.



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Before Surgery (Cont'd)

Q. Should I take my usual medicines?

A: Some medications should be taken and others should not. It is important to discuss this with your anesthesiologist. Do not interrupt medications unless your anesthesiologist or surgeon recommends it.

Q. Could herbal medicines, vitamins and other dietary supplements affect my anesthesia if I need surgery?

A: Anesthesiologists are conducting research to determine exactly how certain herbs and dietary supplements interact with certain anesthetics. They are finding that certain herbal medicines may prolong the effects of anesthesia. Others may increase the risks of bleeding or raise blood pressure. Some effects may be subtle and less critical, but for anesthesiologists anticipating a possible reaction is better than reacting to an unexpected condition. So it is very important to tell your doctor about everything you take before surgery.

Q: What happens before my surgery?

A: The anesthesiologist will most often attempt to contact you the night before your surgery to answer questions you may have at that time. If the two of you are not able to connect the night before, he/she will be happy to discuss things with you in person before surgery. Nevertheless, you will meet with your Pinnacle anesthesiologist the day of your surgery before you go into the operating room. Your anesthesiologist will review your medical history and the results of any lab tests and can answer questions you may have. Nurses will record your vital signs, and your anesthesiologist and surgeon will visit with you, completing any evaluations and lab tests. If necessary, intravenous fluids will be started and preoperative medications given. Once in the operating room, monitoring devices will be attached such as an EKG, blood pressure cuff, and other devices to ensure your safety. You will then be ready for anesthesia.

Q. Can I get a pre-operative sedative before I go to surgery?

A: After you talk to your anesthesiologist and sign all consents, a sedative may be administered to relax you before going in for your surgery.

Q: Is anesthesia safe?

A: Due to advances in patient safety, the risks of anesthesia are very low. Over the past 25 years, anesthesia-related deaths have decreased from two deaths per 10,000 anesthetics administered to one death per 200,000 to 300,000 anesthetics administered. Certain types of illnesses, such as heart disease, high blood pressure and obesity, can increase your anesthesia risks. Even so, anesthesiologists routinely bring even very sick patients through major operations safely.

Q: How risky is anesthesia?

A: All operations and all anesthesia have some risks. It is extremely unusual for healthy patients to have serious complications from anesthesia. However, certain health problems may increase the risk of complications such as heart disease, diabetes, smoking, lung disease, kidney failure, and obesity. If you have any of these health issues, make sure you discuss them with your anesthesiologist so that they can take the proper safety measures to prevent complications from occurring.



Day of Surgery

Q. What are the types of anesthesia?

A: There are three main categories of anesthesia: general, regional and local. Your Pinnacle anesthesiologist, in consultation with your surgeon, will determine the best type of anesthesia for you, taking your type of surgery, medical condition, surgeon preferences, and your wishes into consideration. Your anesthesiologist will discuss all options available to you and make a suggestion for the type(s) of anesthetic. The kind of anesthetics possible for surgery are:

General Anesthesia: A general anesthetic usually starts with the IV injection of a medication that causes rapid loss of consciousness. Occasionally, anesthesia starts with the use of an inhaled anesthetic gas. After the anesthetic has started, the anesthesiologist will use a combination of IV medications and anesthetic gases to keep you asleep during surgery. The anesthetic gas is turned off at the end of surgery when it is time to wake up. General anesthesia puts patients in an unconscious state. Patients under general anesthesia typically have no awareness or other sensations.

Regional Anesthesia (Spinal or Epidural): A spinal anesthetic is an injection of medication in the lower part of the back. The medication is injected by a very small needle into the spinal fluid where it spreads out to numb the nerves that go to the lower half of your body. An epidural anesthetic is very similar to a spinal anesthetic except the epidural needle does not puncture the sac that holds the spinal fluid. Instead, a tiny tube or catheter is inserted through the needle and comes to rest just outside the sac. Numbing medication is given through this tube that gradually gets absorbed through the sac and into the spinal fluid. Both types of anesthetic are designed to numb only a region of your body.

Local Anesthesia: During a local anesthetic, a numbing medicine is injected around the surgical area. Often, the anesthesiologist will give a sedative prior to the injection to make the procedure more comfortable for you.

Q. During the surgery, what does my anesthesiologist do?

A: Your Pinnacle anesthesiologist is responsible for your comfort and well-being before, during and after your surgical procedure. In the operating room, the anesthesiologist will direct your anesthesia and manage vital functions. The anesthesiologist also is responsible for fluid and blood replacement, when necessary. He or she will regulate the anesthesia so that you will be comfortable until your anesthetic care is completed. Anesthesiologists' medical training gives them a strong background in internal medicine and critical care. So they are qualified to treat not only sudden medical problems that may arise during surgery, but also chronic conditions that may need special attention during your procedure. Your anesthesiologist will go with you to the recovery room or intensive care unit when surgery is over.

Q. What instructions will I receive for after the surgery?

A: Both written and verbal instructions will be most likely be given. Most facilities have both general instructions and instructions that apply specifically to your surgery.



In general, for 24 hours after your anesthesia:

- Do not drink alcoholic beverages or use nonprescription medications.
- Do not drive a car or operate dangerous machinery.
- Do not make important decisions.

You will be given telephone numbers to call if you have any concerns or if you need emergency help after you go home.

Q. Will I need someone to take me home?

A: Yes, you must make arrangements for a responsible adult to take you home after your anesthetic or sedation. You will not be allowed to leave alone or drive yourself home. It is strongly suggested that you have someone stay with you during the first 24 hours. If you have local anesthesia only, with no sedation, it may be possible to go home without someone to accompany you. Check with your doctor first.

Q. When is a breathing tube necessary for surgery?

A: General anesthesia often results in the loss of the ability to breathe on your own. There are different ways to assist your breathing - one is the breathing tube (known as an endotracheal tube). There are many situations when the placement of the tube is the safest and most reliable method to assure adequate breathing. There are alternatives in other cases including breathing through mask or other devices. You can discuss this with your anesthesiologist to see if these other alternatives are appropriate for you. Patients who are more likely to need a breathing tube include those who:

- ate or drank prior to surgery
- have medical problems that cause acid reflux
- are vomiting or are extremely overweight

Day of Surgery (Cont'd)

Q. How can I lower my risk of nausea and vomiting after my procedure?

A: Through the development of better anesthetics and nausea prevention medications, the number of patients who experience postoperative nausea and vomiting (PONV) has decreased. Yet, patients who are sensitive to narcotics or are prone to motion-sickness tend to be at an increased risk for PONV. Different kinds of nausea prevention medications can be given in combination before and during surgery to reduce PONV.

Q. Do anesthesiologists administer blood transfusions?

A: Anesthesiologists administer approximately half the blood transfusions in the United States and are experts in making the risk and benefit assessments needed during a transfusion. Anesthesiologists are committed to the responsible use of the blood supply and to make the best decisions for patients.

After Surgery

Q. After surgery, what can I expect?

A: Your anesthesiologist continues to be responsible for your care in the recovery room, often called the post-anesthesia care unit. Here, the anesthesiologist directs specially trained staff members who monitor your condition and vital signs as the effects of the anesthesia wear off. Your anesthesiologist will determine when you are able to leave the recovery room.

Q. Should my IV site continue to be sore and swollen weeks after surgery?

A: Phlebitis is a term that means inflammation of a blood vessel. Phlebitis occurs quite commonly after the insertion of an IV. There is a wide variation because it depends on how phlebitis is defined, such as the place the IV is inserted, the duration that the IV has been in place, the type of material that the IV is made of, the length of the IV catheter, and on the existence of other disorders such as diabetes. If you continue to feel pain and have swelling for more than three weeks you should contact your physician.

Q. Will I have any side effects?

A: The amount of discomfort you experience will depend on a number of factors, especially the type of surgery. Your doctors and nurses can relieve pain after your surgery with medicines given by mouth, injection or by numbing the area around the incision. Your discomfort should be tolerable, but do not expect to be totally pain-free. Nausea or vomiting may be related to anesthesia, the type of surgical procedure or postoperative pain medications. Although less of a problem today, these side effects may occur for some patients. Medications to minimize postoperative pain, nausea and vomiting are often given by your anesthesiologist during the procedure and in recovery.

Q. Will I receive a separate bill from the anesthesiologist?

A: Yes. Your anesthesiologist is a physician specialist like your surgeon or internist, and you will most likely receive a bill for your anesthesiologist's professional service separate from your surgeon's services. Pinnacle will submit most bills directly to your insurance company for payment on your behalf. Your referring surgeon/office will ask you for insurance and demographic information. Your cooperation in giving complete information will help get your insurance claim paid quickly.

You will be notified if Pinnacle is unable to submit claims to your insurance company on your behalf. If this is the case, you may be asked to supply the accounting office with corrected information so that they can re-file the claim, if appropriate. Otherwise, you will be expected to pay the bill. If you have any financial concerns, your anesthesiologist or an office staff member will answer your questions. You will note that your hospital charges separately for the medications and equipment used for your anesthetic.

Patients without insurance will also receive a bill for services or may be asked for payment in full prior to service being provided. If you have any questions about your Pinnacle Anesthesia bill, one of Pinnacle's Patient Services Representatives will be glad to help you at 1-866-988-6088 or 972-934-5220 (for the Dallas area).

Q. What options are available to me to pay my bill?

A: Regardless of the type of insurance coverage, patients are ultimately responsible for payment of their medical bills. Although Pinnacle will bill the insurance company on your behalf based on the information you provide and make all reasonable efforts to obtain payment from your insurance; if they reject the claim or delay payment, we will look to you, the patient, for payment.

If you are using a Pinnacle Partners In Medicine Anesthesiologist, you may call the Customer Service number provided on your statement (877-893-1655) to make payment arrangements. The customer service representatives may also be able to negotiate payment plan arrangements with patients that have larger outstanding balances.

Q. Can I get a copy of my medical records?

A: You may request medical records from the facility that provided your service.



For more information on anesthesia, visit www.lifelinetomodernmedicine.com which was created by the American Society of Anesthesiologists. For any questions regarding insurance/billing, call Pinnacle's Patient Services line: 866-988-6088.