

### 13. What sort of cooperation is expected from the patient by the anaesthetist while giving anaesthesia?

#### For local and regional anaesthesia:

These anaesthetics are usually given to the patient while he is conscious and after that he may be given mild sedative drug

#### The patient can:

- Help the anaesthetist to get in the correct position
- Tell the anaesthetist if the needle causes pain
- Tell the anaesthetist when the anaesthetic is taking effect

The type and place of a local or regional anaesthetic injection will depend on the operation the patient is undergoing and the pain relief he will need afterwards.

#### Regional anaesthesia:

Spinal or epidurals are used for operations on the lower half of the body. Spinal are single injections which take only a few minutes to work and last about two hours, that cannot be topped up to make them to work longer. Epidurals can take up to half an hour to work but can be used to relieve pain for hours and sometimes days after your operation. They can be topped up by putting more local anaesthetics into the fine plastic tube (catheter). You can co-operate by following the correct instructions to achieve a right position so that the needle enters appropriately as desired by anaesthetist.

#### General anaesthesia:

If the patient is sedated before general anaesthesia is being administered the patient may not remember this later. General anaesthesia can be administered through two routes:

1. The cannula (this is generally used for adults)
2. A mask - most used for kids

### 14. Can you explain more about general anaesthesia?

Once the anaesthetist is satisfied that the patient is stable and



has entered into the anaesthesia stage the operative procedure is started. Anaesthetist constantly stay with the patient and constantly monitors patient's HR, BP, Oxygen level, urine output, breathing etc., adjusting the dose of the anaesthetic and giving any fluids or drugs that may be required from time to time.

#### The drugs usually administered during the procedure are:

- Anaesthetic drugs or gases to keep patient anaesthetized
- Pain-relieving drugs to keep patient pain-free during and after operation
- Muscle relaxants to relax or temporarily paralyze the muscles
- Antibiotics to guard against infection
- Other drugs depending on the patient's condition as it changes

The anaesthetist will be vigilant and will make sure that the patient breathes easily. At the end of the operation, anaesthetist will stop giving anaesthetic and other drugs. When the anaesthetist is sure that the patient is recovering normally, the patient will be shifted to the recovery room where he will be monitored for sometime.

### 15. What are the risks and side effects of anaesthesia?

#### Common side effects and complications of anaesthesia:

- Nausea or vomiting
- Headache
- Pain and / or bruising at injection sites
- Sore or dry throat and lips
- Blurred / double vision and dizziness
- Difficulty in passing urine

The risk faced by individual increases in patients who are extreme of ages, smoker, overweight and having kidney or liver diseases increase the risk significantly.

#### CIMS Anaesthesia services:

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- Cardiovascular interventions
- Neuro-Anaesthesia
- Ortho-Anaesthesia
- Obs. & Gyn. Anaesthesia
- Onco Anaesthesia
- Pediatric Anaesthesia
- Organ transplant Anaesthesia
- Labour Analgesia Anaesthesia
- Anaesthesia for GI & Hepatobiliary Surgery
- Bariatric Anaesthesia
- Anaesthesia for Urology Surgery
- 24x7 Intensive Care (ICU) coverage
- Pain clinic & Pain Interventions
- Trans-esophageal Echocardiography (TEE)
- 24x7 Ambulance service
- In hospital emergency (Code Blue)
- Anesthesia for Laparoscopic Surgery
- Anesthesia in Trauma Center
- Anesthesia in High risk & Critically ill Patients



# Safe Anaesthesia

All you need to know before taking one

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### 1. Anaesthesia, what does it mean and what is the significance of this procedure?

'Anaesthesia' is a state without sensation. Such a state can be obtained from a single drug which alone provides the correct combination of effects, or occasionally a combination of drugs (such as hypnotics, sedatives, paralytics and analgesics) to achieve very specific combinations of results. A patient who is undergoing an operative procedure commonly known as a surgery is taken into such a reversible state where he or she does not experience the pain of the procedure which he or she is undergoing.

### 2. What are the various types of anaesthesia?

The different types of anaesthesia include Local anaesthesia, Regional anaesthesia, General anaesthesia.

**(A) Local anaesthesia** is administered to inhibit sensory perception within a specific location on the body, e.g. anaesthesia during a tooth extraction.

**(B) Regional anaesthesia** insensate larger area of the body by blocking transmission of nerve impulse between a part of the body and the spinal cord, e.g. spinal anaesthesia and epidural anaesthesia.

**(C) General anaesthesia** refers to inhibition of sensory, motor and sympathetic nerve transmission at the level of the brain, resulting in unconsciousness & lack of sensation completely.

### 3. What is sedation?

Sedation is the depression of a patient's awareness to the environment and reduction of his or her responsiveness to external stimulation. Usually in sedation, the person experiences deep sleep. Such a state is achieved by medicines that are introduced in the body intravenously before the procedure. However, patient under sedation can experience pain, hence typically sedation is offered to a patient to make the patient relaxed during a procedure when local or regional anaesthesia is used.



### 4. Who administers anaesthesia?

Only a qualified medical professional with additional qualification in anaesthesiology can administer anaesthesia. He is also known as an anaesthetist or anaesthesiologist. He possesses M.D., D.N.B. or D.A. degree in Anaesthesiology.

### 5. What are the roles of the anaesthesiologist?

The anaesthetist is responsible for:

- Evaluating a patient before surgery for fitness to anaesthesia and assessing the risk for surgery and anaesthesia
- Preanaesthetic evaluation and ASA risk stratification. Decision making with patient on the type of anaesthesia required
- Administering anaesthesia and maintaining painless state throughout the surgery
- Patient's well-being and safety throughout surgery. They monitor patients general condition and accordingly maintain the function of vital organs in the body like heart, lung, kidney etc., That means, "Your safety is priority" for your Anaesthetist

### 6. Parameters for Safe Anaesthesia

- Patient should have good general health and fitness.
- He should not have a past history of any serious illness.
- He should not have a past history of any problem with previous anaesthesia procedure.
- He should not have a family history of known reactions to anaesthesia agents.
- He should not be taking any drug or medicines including herbal remedies and supplements.
- He should not have any allergies or past history of drug reactions.

### 7. 10 important parameters for a patient prior to receiving Anaesthesia.

- To improve the overall fitness of the body prior to a surgery
- To give up smoking a month prior to surgery?
- To share your current medication if any with your doctor

- To tell the anaesthetist about any allergies or side effects of medicines in the past
- To drink less alcohol as alcohol may alter the effect of the anaesthetics drugs
- Not to drink any alcohol or addictive 24 hours before surgery
- To stop taking recreational drugs before surgery as these may affect the anaesthetic
- To inform your Anaesthetist if you are taking any of such drugs.
- If you are on the contraceptive pill let the surgeon and anaesthetist know.

### The hospital doctor and the anaesthetist must know the following:

1. Health problems,
2. Infectious disease,
3. Past operations,
4. Serious illness,
5. False teeth, caps, loose teeth or other dental problems,
6. Any medical problems needing regular treatment or a stay in hospital including diabetes, high blood pressure, T.B., Asthma, etc.,
7. Allergies/intolerances to any types of medicines,

### 8. What precautions should be taken immediately before taking an anaesthesia?

The anaesthetist will instruct not to eat or drink anything 8 to 10 hours prior to the surgery. This is to prevent aspiration of contents of the stomach to the lungs. In medical terms it is labeled as Nil by Mouth i.e. NBM. Minimum 4 to 6 hours NBM is needed for any kind of Anaesthesia. But for emergencies requiring anaesthesia, this may vary.

### 9. Why does the anaesthetist postpone some operations?

Occasionally, the anaesthetist may find something about general health that could increase the risk of your anaesthesia or

operation. It might then be better to delay your operation until the problem has been reviewed or treated. The reasons for any delay would always be discussed with you. Your anaesthetist's main concern is your safety.

### 10. Who will select the type of anaesthesia?

The anaesthetist will recommend the type of anaesthesia most appropriate based on the procedure and health status of the patient. The patient may be given a choice between various types of anaesthesia. The anaesthetist will help to decide based upon advantages/ disadvantages of one type over another. So, do talk freely with your anaesthetist doctor.

### 11. Where will be the anaesthesia administered?

It varies from set-up to set-up, at some hospitals there will be a separate anaesthesia room. However, majority of the times it is administered in the operation theater. **Several people will be there, including the anaesthetist.** All the checks will be repeated once again. If the patient is being given a general anaesthesia, the paramedical staff will request the patient to remove glasses, hearing aids and dentures to keep them safe. So, always cooperate with them for your safety.

### 12. What procedures will be followed before actually anaesthesia is administered?

In order to monitor the patient during the operation, the anaesthetist will attach monitors such as:

- ECG
- Blood pressure cuff
- A clip to monitor oxygen levels within the blood (pulse oximeter)
- A cannula – A needle will be used to pit a thin plastic tube (a 'cannula') into a vein in the back of patient's hand or arm. This will be taped down to stop slipping out. The cannula tube will then be attached to appropriate intravenously administered drug / saline.

