

Anesthesiologie / Preoperatief bureau

Anesthesie en Preoperatief onderzoek - Engels

Anaesthesiology and the pre-operative office **Anaesthesia and the pre-operative assessment**

Information about anaesthesia and preparing for surgery

Important information

Fasting

Surgical procedures under regional or general anaesthesia require you to be **fasting**.

Fasting means:

- You may eat two rusks/slices of toast with jam or cheese, for example, up to six hours before having to report to the hospital.
- You may drink a glass of water or tea (max. 400 ml) without milk or sugar up to two hours before having to report to the hospital.
- You may not smoke after midnight the night before your procedure.

Please note:

If you are admitted the day before surgery, you do not need to be fasting when you come to the hospital.



Comments

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Introduction

In consultation with your treating physician, you have decided to undergo an examination, treatment or procedure that requires some form of anaesthesia (sedation).

Before receiving anaesthesia, you must undergo a pre-operative assessment (evaluation prior to surgery). That is why you have been referred to the pre-operative office.

Here, you will find information about the:

- **pre-operative assessment**
 - pre-operative office
 - appointment and assessments

- **Anaesthesia**
 - Types of anaesthesia
 - Preparation
 - The proceedings on the surgery ward
 - After the anaesthesia

Keep this leaflet until after the procedure, so you can review it whenever you like.

pre-operative assessment

Why a pre-operative assessment is necessary

In the interests of safety, it is important for patients to be prepared as best as possible for their upcoming procedure and for the type of anaesthesia required. That is why we carry out the pre-operative assessment. The anaesthesiologist is responsible for your physical well-being while the anaesthesia administered.

Therefore, the ultimate responsibility for the pre-operative anaesthetic assessment also lies with the anaesthesiologist.

This pre-operative assessment is organised and performed by the staff of the pre-operative office.

Staff of the pre-operative office

- Anaesthesiologists
- Pre-operative nurses
- Consultation assistants
- Pharmacy aides

The pre-operative office

When you book an appointment with the pre-operative office, you will receive:

- a questionnaire to be completed at home
- this 'Anaesthesia and the pre-operative assessment' leaflet
- an appointment with a pharmacy aid if you take medication and/or have allergies
- an appointment with a pre-operative nurse for pre-operative screening
- an appointment for a consultation with the anaesthesiologist (usually)

In case of absence

If you cannot attend your appointment, you must provide at least 24 hours' advance notice.

What to bring to the pre-operative assessment

What to bring:

- *your hospital pass and a valid form of ID*
- *the completed questionnaire*
- *medications (incl. packaging with label indicating the kind of medicine, the dosage and how often you take it)*
- *this 'Anaesthesia and the pre-operative assessment' leaflet*

pre-operative assessment

At the appointed time, please report to the:

Venlo location

Pre-operative office

or

Venray location

Pharmacy

The pre-operative office

The pre-operative assessment consists of:

- a consultation with the pre-operative nurse
to discuss the questionnaire you completed and, if necessary, provide supplemental information
- a physical examination,
geared toward the anaesthesia, that assesses your heart and lungs

- a consultation with the anaesthesiologist During your procedure, a different anaesthesiologist may administer the anaesthesia than the one you spoke with previously. This anaesthesiologist will know what has been discussed and be aware of all the details.

Additional evaluation

After the physical examination, the pre-operative consultation and, if necessary, a consultation with the anaesthesiologist, further assessment may prove necessary. This may include blood tests, an X-ray of the lungs, a heart recording (ECG) or a consultation with another physician, such as an internist, a cardiac specialist or a pulmonologist. You will receive an appointment for this, as appropriate.

Planning list

Placement on the planning list

After all the assessments have been completed and the anaesthesiologist has their results, he or she may approve the procedure. **Once this approval has been granted, the scheduler of your attending physician will book the surgery.**

Information about the waiting list

For information about the waiting list, unless otherwise indicated, for both locations, please contact the following departments during office hours:

Surgery ☎+31 (077) 320 59 70	Neurology ☎+31 (077) 320 68 29
Gynaecology ☎+31 (077) 320 68 60	Orthopaedics ☎+31 (077) 320 66 30
Otolaryngology (ENT) ☎+31 (077) 320 66 30	Plastic Surgery ☎+31 (077) 320 66 30
Ophthalmology ☎+31 (077) 320 61 31	Urology ☎+33 (077) 320 68 31

What to bring for your admission to the hospital

- admission letter
- contact person's telephone number
- medication list and all your medications
- wheelchair, walking frame, walking stick (if necessary)
- glasses, hearing aids, support stockings (if necessary)
- bathroom toiletries
- sleepwear
- sturdy shoes and/or slippers
- comfortable, loose-fitting clothing
- books, magazines, a tablet, a telephone

Anaesthesia

Types of anaesthesia

There are different kinds of anaesthesia: local, regional and general anaesthesia. Not every form of anaesthesia is suitable for you as an individual or for the procedure you need. You can discuss your options with your anaesthesiologist.

Local anaesthesia

Local anaesthesia, which uses a local anaesthetic, can be administered by a doctor other than an anaesthesiologist. For this type of anaesthesia, only the nerves around the operation site are numbed (e.g. dental anaesthesia).

Regional anaesthesia

This type of anaesthesia involves numbing a part of the body. A shoulder injection will numb the arm. An injection in the groin will numb the (upper) leg. The hollow of the knee is injected to numb the lower leg, ankle or foot. And a spinal injection will numb the lower half of the body. Spinals and epidurals are the most common types of regional anaesthetics. The anaesthesiologist uses a very fine needle to numb the spinal nerves. The pain of this is comparable to having blood drawn.

With regional anaesthesia, you simply remain awake. If you feel comfortable sleeping during the procedure, you may be given a light sedative. The anaesthesiologist will discuss this with you prior to your surgical procedure. You can also listen to (your own) music if you wish. In which case, be sure to bring your own iPod or MP3 player.

After your procedure, the numbness may persist for several hours. Regional anaesthesia is not always possible. You may still feel pain or be quite nervous. In which case, it will be necessary to administer general anaesthesia.

General anaesthesia and narcosis

For general anaesthesia, you are completely sedated and temporarily fall into a deep sleep (narcosis). The anaesthetics are administered through an IV drip and work almost immediately. You will not be aware of the operation. During the operation, you may be ventilated by a tube inserted into your trachea (windpipe). You will be woken up immediately after the procedure.

Practical considerations for your preparations

Good preparation is essential to being able to carry out anaesthesia properly.

- We advise you to be as well rested and relaxed as possible prior to your procedure. If you have trouble sleeping, you can ask the nurse for a sleep aid when you are admitted to hospital. If you are at home, you can contact your GP about this.
- If you develop a bad cold, fever or an infection the day before your operation, contact your attending physician's outpatient clinic. In the interests of your safety and recovery after the procedure, it may be better to postpone the operation in this case.
- Preparations for pain relief at home:
We recommend that you keep a supply of paracetamol at home. You will not be given any paracetamol to take away when you are discharged.
 - Our advice is to keep two boxes of paracetamol tablets (500 mg) at home.
 - Other pain relief: you will be able to take away anything newly added to your prescription when you are discharged, or a prescription will be issued for you to collect your medicine.

- Surgical procedures under regional and general anaesthesia require you to be fasting **on the day of the procedure.**



Fasting means:

- You may eat two rusks/slices of toast with jam or cheese, for example, up to six hours before having to report to the hospital.
- You may drink a glass of water or tea (max. 400 ml) without milk or sugar up to two hours before having to report to the hospital.
- You may not smoke after midnight the night before your procedure.

Examples:

- *If you are expected in the hospital at 8:00 am, you may not eat anything after 2:00 am the night before.
However, you may drink tea or water between the hours of 2:00 am and 6:00 am.
After this, you may not eat or drink anything.*
- *If you are expected in the hospital at 2:00 pm, you may not eat anything after 8:00 am that day.
However, you may drink tea or water between the hours of 8:00 am and 12 noon.
After this, you may not eat or drink anything.*

***If you are admitted the day before surgery,
you do not need be fasting when you come to the hospital.***

- The procedure can **only** be carried out if you are **fasting**.
If you are not fasting, you run the risk of the contents of your stomach entering your lungs during the operation, which could be life-threatening.
- If you are on medication, you can take it like normal the morning before your surgical procedure.
- If you need to stop your medication, you will be notified during the pre-operative consultation. **Due to stress as well as the medicines used for the operation, the contraceptive pill may be unreliable.**
- It is best to shower a few hours before the procedure. Do not use moisturise or body lotion afterwards.

- To prevent post-operative wound infections, do not shave or wax the surgical site the week prior to the procedure. This also applies to hair removal for cosmetic reasons, e.g. from the legs, armpits and pubic area. If you need hair removed for your operation, this will be done at the hospital just before the procedure.
- It is important for patients to be warm when they arrive at the operating theatre. Keeping patients warm helps prevent complications. If you will be coming to the hospital just before your procedure, try to stay warm while en route. It is particularly important to keep one's hands warm, in connection with inserting the IV drip.
- Before proceeding to the operating theatre, you must remove all jewellery, piercings and make-up. You must also remove any nail polish from your fingers and toes prior to your procedure. Any artificial and/or gel nails must be removed from at least one finger on each hand.
- You need to remove contact lenses and dentures. You do not need to remove hearing aids.
- You may receive a short-acting drug to make you calm and sleepy.
- You will receive surgical clothing to wear.
- We advise you to arrange transport home in advance, as you are not allowed to drive yourself home under any circumstances. The drugs administered for your operation may affect your driving for up to 24 hours after the procedure. Travelling by public transport is also not recommended.
Make sure that the person who comes to collect you brings a wheelchair to the ward. Wheelchairs can be found at the end of the main hall.
- Do you use a device to assist your breathing at night? If so, remember to bring this with you for your hospital admission.

The proceedings on the surgery ward

Sometimes, after arriving on the surgery ward, you may have to wait a while. You will then be transferred to a narrow, wheeled operating table before being taken to the room where you will receive anaesthesia. You will receive a blood pressure band around your upper arm, three sticky patches (electrodes) on your chest to monitor your heart and a clip on your finger to measure the oxygen level of your blood. You will also receive an IV drip in your forearm or hand to administer drugs and/or fluids. If your procedure is performed under general anaesthesia, the anaesthetics will be delivered via an IV drip. Throughout the procedure, you will be monitored constantly by the anaesthesiologist or anaesthesiologist assistant. This care provider will closely monitor your bodily functions using extensive electronic monitoring equipment.

Dental damage

If you have to be intubated (tube in the trachea) for general anaesthesia, your teeth can be damaged despite the care taken by staff. The hospital is not liable for this.

After undergoing anaesthesia

Immediately after the surgical procedure, you will be transported to a recovery room (this is where patients who have just undergone surgery go to recover from anaesthesia).

Specialised nurses and, if necessary, the anaesthesiologist, will monitor you during your stay in the recovery room.

During this stay, you will be offered ice water. Ice water prevents you from developing a dry mouth, thirst, a bad taste and/or pain in the mouth and throat after anaesthesia.

After the procedure, the drip will remain in place for a while in order to deliver drugs, fluids and/or blood, as necessary. You can move the arm with the drip around like normal. Often, you have a tube in your nose that administers extra oxygen. Depending on which procedure you had, you may also have a stomach tube or a bladder catheter.

While you are in the recovery room, and later, on the ward, nurses will check your wound as well as any wound drains or catheters. This means that your entire body will be checked, including the genital area.

If you experience any physical changes after your surgical procedure, no matter what they are, please report this to the nurse.

Do you require additional intensive care?

If you require additional monitoring after your operation, you will be taken to the department that specialises in intensive care and monitoring: the Intensive Care Unit (ICU). The ICU is only available at the Venlo location.

Additional recovery

Once the anaesthesia has worn off sufficiently, you will be taken back to the nursing ward. After the procedure, you may experience muscle pain and aching joints. This may be due to lying still (for a prolonged period) in the same position during the procedure.

Be sure to discuss any pain or nausea you feel after the procedure with the nurse. The anaesthetics used for your procedure will completely wear off after a day. It will take your body a few more days to weeks to fully recover from the procedure.

Questions about the procedure

You can discuss any questions you may have about the procedure itself with your attending physician.

Questions or complaints about the anaesthesia

If, after your procedure, you have questions or complaints about the anaesthesia process, you can always call to book an appointment with the pre-operative office (see the reverse of the leaflet).

Questions

If you have any questions after reading this information, please inquire about them during your next visit or contact the:

pre-operative office		
Venlo location	routing number 17	+31 (077) 320 52 11
Venray location	routing number 40	+31 (0478) 52 26 10

VieCuri Medisch Centrum

Locatie Venlo

Tegelseweg 210
5912 BL Venlo
☎ (077) 320 55 55

Locatie Venray

Merseloseweg 130
5801 CE Venray
☎ (0478) 52 22 22

Meer informatie www.viecuri.nl

Bekijk uw medische gegevens op www.mijnviecuri.nl