

ANESTHESIA SERVICES: WHAT YOU CAN EXPECT

Commonwealth Anesthesia provides the anesthesia services at Lexington Surgery Center. Our team includes both:

- **Physician anesthesiologists:** Medical doctors who have completed an anesthesiology residency.
- **CRNAs:** Certified registered nurse anesthetists who have completed a specialized anesthesia training program after nursing school.

Our providers use anesthesia to make sure that you are comfortable and free of pain during your procedure. The type of anesthesia chosen depends on the operation requirements, your health and your desires. It also depends on your surgeon's and anesthesiologist's opinions on what will be safe and effective for you. An anesthesiologist or doctor-supervised CRNA will be with you at all times during your surgery.

Anesthesia types

1. **General anesthesia (GA):** This type of anesthesia puts you in a sleep-like state. A mixture of IV medications and anesthesia gases are given and adjusted during surgery. A breathing tube is usually placed through your mouth and into your windpipe after you are unconscious. The anesthesia provider will monitor your vital signs to make sure they remain normal and steady during your procedure.
2. **Regional anesthesia (nerve block):** This type of pain management involves numbing a major body part and is usually also performed with IV sedation during surgery. Examples are spinals, epidurals and blocks to an arm or leg.

3. **Monitored anesthesia care (MAC):** A small area is numbed by the surgeon while you are sedated and monitored by the anesthesia department.

Sometimes both general anesthesia and an epidural are given. The epidural helps with after-surgery pain control for a few days.



Anesthesia-related risks

Modern anesthesia does have risks involved, as do most procedures in a hospital. However, anesthesia has become safer, especially over the past 30 years. This is because of improved medicines, better monitoring, better training and greater knowledge.

Our plan is to provide you with the safest anesthetic possible. A review of risks is not meant to alarm but to inform you. Generally, healthy patients and those having minor surgery have fewer risks.

Examples of anesthetic risks

Minor risk examples

- **Sore throat:** May be related to having a “breathing tube” in place during anesthetic.
- **Nausea or vomiting:** Most often the result of narcotic pain medicines given during or after surgery.
- **Tooth damage:** Teeth – especially repaired, capped, unhealthy or altered teeth – are at increased risk for damage during or after surgery. This is regardless of how careful your anesthetic care has been. This may occur during breathing tube insertion or when you are waking up and bite down. It is important that you let us know about any dental appliances, irregularities or enhancements you have.

Risks during pregnancy

- **Early in pregnancy (0-16 weeks):** Both anesthesia and surgery may increase the risks for birth defects, so all surgery, unless urgent, is delayed if possible.
- **Later in pregnancy (after 16 weeks):** Both surgery and anesthesia may increase the risk of early delivery or miscarriage. **Therefore, please let us know if there is any chance that you may be pregnant.**

Major risk examples

(Numbers below are general estimates taken from national anesthesia literature.)

Rare	Very rare	Extremely rare
Spinal headache One to five in 100 cases with spinal, fewer with epidural.	Awareness/recall (conscious while under anesthesia) Two in 1,000 cases, more likely in unstable patients.	Nerve injury Fewer than five in 10,000 cases; also a risk of surgery and body positioning.
Drug reaction Seven in 100 cases, usually minor and runs a limited course.	Blood transfusion reaction/infection Blood is given using national standards. Infection risk includes hepatitis and AIDS.	Organ damage Especially heart, lung, liver, brain and kidneys; this includes heart attack or stroke.
Irregular heartbeat 15 in 100 cases, usually minor and runs a limited course.	Seizure Occasionally from numbing medicine absorbed into the bloodstream.	Cardiac arrest, cessation of breathing or death Quoted risk range varies: one in 20,000 to one in 200,000 cases. Usually occurs in very sick patients.
Difficult intubation Problems with the breathing tube placement; may require special methods to place the tube, including being awake but drowsy until the tube is in place.	Aspiration pneumonia Stomach fluid gets into your lungs. This is why it is important that you do not eat before surgery.	Malignant hyperthermia One in 100,000 cases. An anesthetic drug reaction; it runs in families and can result in death.

Please ask your anesthesia provider any questions you may have concerning your anesthetic care. Your health and peace of mind is extremely important to us.

If you have questions, please call us at **859-268-1030**.