

DEPARTMENT OF ANAESTHESIA

JUBILEE MISSION MEDICAL COLLEGE & RESEARCH INSTITUTE.

PRE-ANAESTHETIC PREPARATION

FEEDING

Regulation of feeding is for a well hydrated, energized and fresh patient for surgery. The stomach should be near empty to prevent regurgitation of stomach contents and its aspiration.

For elective surgeries-

(1) Solid food..... Before 10 PM previous night.

Solid food includes rice, breads, appams with curry and fruits.

For an Emergency or added elective procedure, the patient is taken up for anaesthesia &surgery after 6 hrs of the last solid food if the medical condition permits.

(2) Clear oral liquids..... Before 6 AM.

Include clean drinking water, black tea or coffee etc. Sugar or glucose is allowed in a non-diabetic. Aerated soft drinks are not allowed. Can drink through the night up to 6AM

If the surgery is delayed for any reason, **Clear liquids are allowed up to 2 hrs of surgery** with the permission of the anaesthetist or ward nurse. Thus, I&D s and other procedures done after 12 noon should be encouraged to drink up to 10 AM or even later.

Particulate drinks like milk tea, Horlicks or kanji water are not allowed now.

Patients should be encouraged to drink plenty **of these liquids without any restriction** for adequate hydration.

Breast milk is allowed in a child... before 4 AM, that is 4 hrs before anaesthesia.

Cow's milk and infants formulas; like solid foods are permissible before 6 hrs only.

When oral feeding is not allowed for any surgical reason like GI obstruction, IV fluid should be given to maintain adequate hydration and electrolyte balance.

MEDICATION

Regular medications for hypertension, diabetes, arthritis, epilepsy are to be consumed only on the Anaesthetist's advice. Generally all anti- hypertensive/ cardiac medications are allowed except the ACE inhibitors and ARBs . Anti-platelet agents like Aspirin and Clopidogrel are stopped.

Pre- anaesthetic medications.. these are prescribed from the 'Pre Anaesthetic Clinic'; to be swallowed on the morning of surgery and sometimes on the previous night. The anesthesia may be delayed if pre-anaesthetic medications are not administered in time.

What is Anaesthesia?

Anaesthesia is administered to make a surgical procedure painless.

It also provides adequate conditions for the easy and safe conduct of the surgery.

General anaesthesia. (GA)

The anaesthetic drugs reach your blood and brain through an injection or through the breath. This will put you to a deep sleep where you do not feel pain or other sensations. A (tracheal) tube is often passed to the wind pipe and the breathing assisted. Anaesthetic vapours will continuously reach you through this tube to continue the anaesthesia. You will wake up only on the stopping of these vapours. Sedatives, pain killers and muscle relaxant injections are also used.

Regional anaesthesia.(RA)

Local anaesthetic (LA) drugs are injected near the nervous tissue, which make the area below it to be numb and painless. Sedatives are generally injected for you to sleep through. Sometimes light GA is administered to suppress the breakthrough pain.

Neuraxial blocks. Spinal or Epidural. LA injected near the spinal cord. Useful for operations below the belly. A small tube is sometimes placed here(epidural catheter) for repeated injection of LA and pain killers; both during and after surgery. This is an excellent method for control of severe pain after surgery or during child birth.

Peripheral nerve blocks. LA is injected near individual nerves or bunches (plexus) of nerves in the limbs or body away from the back bone. Ultrasound scanning is many a time done for precise injection.

Risk of Anaesthesia and Surgery.

Anaesthesia and surgery is a stressful state. Pain and distress after the surgery prolong this stress. Patients with poor organ function may not cope up with this situation and succumb. The already poor function will be further deteriorated with the unavoidable side effects of the anaesthetic drugs. So a patient with a moderate to severe heart, blood vessel, blood clotting, lung, liver, kidney, brain

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disease or blood poisoning with germs (septicemia) have an extra risk for failure. The elderly patients who are likely to be in poor health in many organ systems, coming for major surgeries have a very high chance for such collapse. In such serious situations the patient may have to be cared in an "Intensive Care Unit", often under artificial breathing.

The benefit of the surgery is always weighed against risk of anaesthesia and the surgical procedure. In some situations chances of survival without surgery is almost nil. In such serious situations, even though anaesthesia and surgery is risky, it is done with all the good intentions, in consultation and consent with the patient and their relatives, for the fair chance for survival and improved quality of life.

Risk of RA is generally less than GA; peripheral blocks less than spinal. But risk is always there.

A loose tooth may move or come out during the passing of the tracheal tube to the wind-pipe. A tooth cap may come off and a frail tooth breaks with the pressure from the tube.

Untoward drug reactions during anaesthesia and surgery.

Everything under the sun and including sun can lead to an untoward reaction in human body. Drugs given during anaesthesia and surgery are no exception. It is almost impossible to foresee the drug which is going to cause this reaction. Past experience of any such reactions should be revealed to the anaesthetist beforehand. It may be a slight reaction many a time; sometimes life-threatening. If such reactions occur the anaesthetist will immediately start rescue measures and consult other medical specialists if needed for optimum care.

Surgical complications.

Excessive bleeding can happen during all surgeries. Spreading of fat from bone marrow into blood and lung during bone surgery is a serious complication. Spread of amniotic fluid from the mother's womb during Caesarian section, air during neurosurgery and laparoscopic surgery is also serious and happen in spite of all known and possible precaution.