

Frequently Asked Questions About Anesthesia

Patients and families often have many questions about what to expect and how to prepare for anesthesia during a surgical procedure. The following are commonly asked questions that patients have about their anesthesia care, and it is always recommended to also review your questions with your surgeon and anesthesia provider.

1. What is anesthesia?

Anesthesia is a medical intervention to keep patients from feeling pain during and after surgery.

2. What is general anesthesia and what medications are used?

General anesthesia allows for patients to be unconscious and insensitive to pain during surgery. It is administered as either an inhaled gas, through a vein or both. The anesthesia medications used are individualized based upon a patient's medical conditions and the surgical procedure. General anesthetics frequently used include Propofol and Sevoflurane.

3. What is regional and spinal anesthesia?

Regional anesthesia refers to injection of local anesthetics to interrupt the transmission of stimuli through nerves to minimize pain in a specific area of the body. Spinal anesthesia is a type of regional anesthesia in which medication is injected into the spinal fluid. Other peripheral nerves may be selectively targeted or "blocked" based upon the site of surgery. The numbness from the spinal or nerve block may last between 2 to 72 hours based upon the medication which is used.

4. Will I receive any sedatives before surgery?

You and your anesthesiologist will develop an anesthetic care plan that may include preoperative sedation which will relieve your anxiety and pain before performance of the spinal injection and keep you comfortable during the procedure.

5. Will I have a breathing tube or be intubated?

You will usually have some sort of breathing tube if you are having general anesthesia. The two most common devices used are an endotracheal tube which goes into the windpipe also known as trachea, or a laryngeal mask airway which sits in the back of the throat just above the windpipe.

6. What are common side effects of anesthesia?

Common side effects include nausea or vomiting, constipation, dry mouth, shivering and feeling cold, sore throat, grogginess, or confusion. You may have a higher or lower risk for side effects based on your health, and your anesthesia team will do everything possible to manage your risks and keep you safe and comfortable during the surgery.

7. Who should I talk to about my medical conditions, if I have a pacemaker, and past side effects after anesthesia?

Your anesthesiologist will review your medical records and test results before talking with you prior to surgery. They will discuss your past experiences and medical conditions with you preoperatively and every effort will be made to minimize your chances of unpleasant side effects. Please convey any history of nausea and vomiting following surgery or a history of motion sickness to your anesthesiologist. Also, provide any information regarding your pacemaker to your surgeon and the anesthesiologist including the type and the last time it was checked. They will make necessary adjustments to your anesthesia plan to ensure the best approach to keep you comfortable and safe.

8. Will my sleep apnea impact anesthesia?

Patients with sleep apnea may have an exaggerated response to the medications used for anesthesia and pain relief. Please discuss your concerns with your anesthesiologist.

9. Will I wake up during surgery?

Awareness under anesthesia is extraordinarily rare during routine elective surgery. Our anesthesiologists use many techniques to prevent this rare event from occurring.

10. Why do I need to fast the night before my surgery?

Your stomach must be empty for surgery because of the small but potentially life-threatening risk of aspirating stomach contents into your lungs.