

FREQUENTLY ASKED QUESTIONS ABOUT ANESTHESIA

1. CAN I BE ASLEEP FOR MY SURGERY?

Yes, as long as there is no medical condition that would make it unsafe. If you are anxious or apprehensive about the surgery, we have the capability to make sure you are asleep, comfortable and don't recall any part of the surgery. You will likely not remember the Novocaine shot, sounds of the instruments, or pressure from the procedure. If you have had a previous bad experience or would prefer to not remember any of the surgery, you will find this option very appealing.

2. IS IT SAFE TO BE ASLEEP? AM I GOING TO WAKE UP?

Our anesthesia technique does not include any intubation or paralysis, which is routine for hospital surgeries. Therefore, our risk of major complications is very low (~1 in 70,000) and our practice's track record of major complications from anesthesia is flawless. Furthermore, the numbing medicine is given after you are asleep. That means that we control the dosage of IV medication and the chance of overdosing is dramatically reduced. The general anesthesia is administered by our fully trained doctors up to 10 times per day, five days per week. Our equipment is new and up-to-date and we are completely prepared for any and all emergencies. Our doctors and our entire surgical team have been extensively trained to handle any emergency situation, should it arise. Since our inception in 2003, our office has never had a major complication associated with the anesthesia.

3. WILL I REMEMBER ANY PART OF THE SURGERY?

If you are young, healthy and have no history of medical problems, there is a greater than 95% chance that you will remember nothing from the surgery. Many people do not remember going home. However, there is a small percentage of people who have a very high tolerance to medication, either due to genetic predisposition or previous history of substance abuse, or who have difficult airway management issues (for example, severe sleep apnea). If you are in this group of patients, there is a small chance that you will remember some talking or conversation towards the end of surgery. This will not be a traumatic or painful memory, since you will be numb and will not be feeling any discomfort. Although our priority is your comfort, our ultimate goal is your safety.

4. WILL I NEED AN IV?

Yes. The IV is the method we use to give the medication to help you fall asleep. By the time you arrive, you will be very relaxed from the premedication. To minimize any discomfort, we apply a freezing topical anesthetic along with the laughing gas. The IV is a small, child-size catheter; so it is much less traumatic than a conventional emergency room IV. For most of our patients, the IV is not stressful.

5. WHY CAN'T I HAVE GAS TO FALL ASLEEP?

Falling asleep by way of inhaling anesthetic gases is permitted in the operating room setting when IV access is difficult (for example, with small children or with people who have extremely small and difficult veins). The risk of complications is higher for this type of anesthesia and should be reserved for the hospital operating room setting.

6. WHAT ARE THE SIDE EFFECTS OF THE ANESTHESIA?

With our method of anesthesia, the chance of undesirable side effects is greatly reduced. There is always a risk of nausea and vomiting from any anesthesia. Since the total amount of medication is less than for a conventional hospital anesthesia, the probability of this side effect is significantly lessened. Also, there is a small percentage of people who become emotional or combative when waking up from the anesthesia. They are not crying because they are hurting; rather, it is a side effect of the medication. Most of the time these patients do not remember their reactions, but it can be difficult for loved ones to witness. It is only temporary for a few hours after the surgery and there are no long-term effects.

7. ARE THERE ANY CONTRAINDICATIONS TO THE GENERAL ANESTHESIA IN THE OFFICE?

Our age limit is approximately 6 years of age. Patients younger than 5 will be treated with the help of the anesthesia team at the hospital or a mobile anesthesiologist at our office.

8. IS THERE AN ANESTHESIOLOGIST PRESENT AT THE SURGERY?

All of our doctors have had a MINIMUM of 9-12 months of direct patient care with the medical anesthesiology department at their respective institutions. They are extremely well qualified, experts in the field, for the type of anesthesia we administer. Many of our doctors have had additional extensive training in the field of anesthesiology. Therefore, for the type of anesthetic we use, a separate anesthesiologist is not needed.