

Information for Patients Undergoing Anaesthesia for Neurosurgery

Anaesthesia may be performed through a variety of methods. The type of anaesthesia required for your procedure will be dependent on the procedure and your physical condition. The types of anaesthesia available are:

- **General Anaesthesia:** This is the most common type of anaesthesia for neurosurgical procedures. Anaesthetic drugs are either injected or delivered via inhalation, rendering a state of induced unconsciousness.
- **Regional Anaesthesia and Local Anaesthesia:** This involves the use of local anaesthetic drugs injected into the various body parts to block sensations of pain. Examples include epidurals, spinal blocks, major nerve blocks. This can be used in conjunction with sedation, general anaesthesia or as a sole form of anaesthesia.
- **Sedation:** A variety of medications are injected to reduce anxiety and produce a state of calmness. This technique is commonly used together with local and regional anaesthesia.

Patients undergoing major neurosurgical procedures (e.g. operations on the spine or brain) will be performed under General Anaesthesia. A cannula is inserted into a vein to facilitate the delivery of medications. An additional cannula is also inserted into an artery to ensure that blood pressure is closely monitored. After this is performed, general anaesthesia is induced and a breathing tube is inserted when the patient is unconscious. General anaesthesia is then continued throughout the operation and the anaesthetist will continuously monitor vital signs, the state of surgery, and various other factors to ensure that anaesthesia is delivered safely. At the end of the operation, anaesthesia is ceased and the patient is 'woken up'. At this time, the breathing tube is removed and the patient is brought to the recovery unit.

Risks and Complications of Anaesthesia

Modern anaesthesia is very safe. However, side effects and complications do occur. Minor and sometimes unavoidable side effects include nausea and vomiting, drowsiness, headache, sore throat, headache, muscle aches, pain at the injection site, bruising from injection sites. In addition, there is a small risk of dental damage particularly with loose teeth, caps, crowns, bridges, veneers. Serious complications are rare. These include aspiration (stomach contents entering the lungs), severe drug reactions, heart attack, stroke, lung failure, awareness, death.

Fasting Instructions

It is crucial for your safety you follow these instructions.

If your operation is in the morning you must not have anything to eat after 12 midnight. You may drink water up to 2 hours prior to the time you have been asked to attend the hospital.

If your operation is in the afternoon please have a light breakfast prior to 6.30 am. Do not eat or drink anything after this time except for water which you may continue to drink up to 2 hours prior to the time you have been asked to attend the hospital.

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Anaesthetic Fees

Our invoice will be separate to your surgeon's and hospital fees.

Anaesthetic fees are determined by a variety of factors including the complexity of surgery, the complexity of anaesthesia, health and age of the patient, length of surgery and whether the surgery is elective or emergency.

In most instances, Medicare and the health funds do not cover the entire cost of the anaesthetic and there may be an "out of pocket" payment. Patients who are Workcover, TAC, or DVA will not be charged an out of pocket expense.

For most neurosurgical procedures on the spine and the brain, our standard excess payment is \$500*.

*These fees are applicable to most major private health funds **except for Latrobe Health, NIB, Mildura Health, Frank Health**. The estimated gap payment for these funds would be between \$500 to \$1000 for major procedures. For NIB patients, the full amount including the gap payment, will be billed to the patient and the patient may subsequently collect a portion of the fees from NIB.

CONSENT

I understand that the anaesthetic fees mentioned are an estimate only and may be subject to variation.

I acknowledge that it is my responsibility to confirm with my health insurance fund the level of cover that I have and that I am responsible for any fees not covered by my health fund.

I acknowledge that I have received the information regarding out of pocket expenses and it is my responsibility to ensure payment of all fees within 14 days from the date of the invoice.

Signature of Patient/Parent/Guardian:..... Date:...../...../.....

Name of Patient/Parent/Guardian:.....

Please return this form by:		
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