

Balwyn Anaesthesia Group
Suite 504
365 Little Collins Street, Melbourne
VIC 3000

Email: admin@balwynanaesthesia.com
Phone: (03) 8375 8145
Fax: (03) 8678 1018

Information for Patients Undergoing Anaesthesia for ENT Surgery

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 most 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.

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.

If you have any concerns regarding your anaesthesia or risk/complications, we will discuss these with you.

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.

The following are an estimate of our fees:

- Grommets: \$50 to \$150 out of pocket expense*
- Tonsillectomy, Adenoidectomy: \$100 to \$200 out of pocket expense*
- Septoplasty, FESS, Rhinoplasty, other nasal surgery: \$200 to \$400 out of pocket expense*
- Major surgery: Up to \$500 out of pocket expense*

*These fees are an estimate and are applicable to most major private health funds **except for Latrobe Health and NIB**. The estimated gap payment for Latrobe Health and NIB may be between \$200 to \$1000. 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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