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**ANESTHESIA**

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**& YOU...**

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**Anesthesia for  
Ambulatory  
Surgery**



oday the majority of patients who undergo surgery or diagnostic tests do not need to stay overnight in the hospital. In most cases, you will be well enough to complete your recovery at home.

Ambulatory (or outpatient) anesthesia and surgical care has proven to be safe, convenient and cost-effective and can be performed in a variety of facilities. You may have your procedure done in a hospital, a freestanding surgery center or, in some cases, a surgeon's office. Your anesthesia care will be given or supervised by an anesthesiologist.

### **What is ambulatory anesthesia?**

Ambulatory anesthesia is tailored to meet the needs of ambulatory surgery so you can go home soon after your operation. Short-acting anesthetic drugs and specialized anesthetic techniques as well as care specifically focused on the needs of the ambulatory patient are used to make your experience safe and pleasant. In general, if you are in reasonably good health, you are a candidate for ambulatory anesthesia and surgery. Because each patient is unique, your anesthesiologist will carefully evaluate you and your health status to determine if you should undergo ambulatory anesthesia.

After your early recovery from anesthesia, you usually will return directly home. In most cases, family and friends can provide all the needed assistance. If you do not have family members to help at home, you may require additional help. Some ambulatory facilities offer special post-surgical recovery facilities or extended services with nurses who visit you at home. Appropriate pain management will be included as part of your discharge planning.

### **How will I meet my anesthesiologist?**

Your anesthesiologist or an associate will interview you before your anesthesia to gather the information needed to evaluate your general health. This interview may be a telephone call, a visit to the facility or a visit in the office. Laboratory tests may be ordered, and other medical, surgical and anesthetic records will be

reviewed. You may be asked to fill out a questionnaire about your previous anesthetic experiences and medical conditions, allergies, medications or herbal products. If you have particular concerns, you should discuss them with the anesthesiologist.

### **What types of anesthesia are available?**

There are several types of anesthetic techniques available for your surgery ranging from local anesthesia to general anesthesia. The anesthetic technique recommended will depend on several factors. In some cases, the surgical procedure will dictate what kind of anesthesia will be needed. Based on your medical history, a type of anesthetic may have an additional margin of safety. As an outpatient, some techniques may allow you to recover more quickly with fewer side effects. Your preferences also will be incorporated in the selection of the best anesthetic plan for your procedure.

There are four anesthetic options:

- **General anesthesia** - This anesthetic choice produces unconsciousness so that you will not feel, see or hear anything during the surgical procedure. The anesthetic medications are given to you through an intravenous line or through an anesthesia mask.
- **Regional anesthesia** - This technique produces numbness with the injection of local anesthesia around nerves in a region of the body corresponding to the surgical procedure. Epidural or spinal blocks anesthetize the abdomen and both lower extremities. Other nerve blocks may be done with the nerves in the arms or legs to anesthetize individual extremities. With regional anesthesia, medications can be given that will make you comfortable, drowsy and blur your memory.
- **Monitored anesthesia care** - With this approach, you usually receive pain medication and sedatives through your intravenous line from your anesthesiologist. The surgeon or anesthesiologist also will inject local anesthesia into the skin, which will provide additional pain control during and after the

procedure. While you are sedated, your anesthesiologist will monitor your vital body functions.

- **Local anesthesia** - The surgeon will inject local anesthetic to provide numbness at the surgical site. In this case, there may be no anesthesia team member with you.

Before receiving any sedatives or anesthetics, you will meet your anesthesiologist to discuss the most appropriate anesthetic plan. Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options. Occasionally it is not possible to keep you comfortable with regional, monitored or local anesthesia, and general anesthesia may be needed. Although uncommon, complications or side effects can occur with each anesthetic option even though you are monitored carefully and your anesthesiologist takes special precautions to avoid them. With this information, you will together determine the type of anesthesia best suited for you.

## PREOPERATIVE REMINDERS

### **What about eating or drinking before my anesthesia?**

As a general rule, you should *not eat or drink anything* after midnight before your surgery. Under some circumstances, you may be given permission by your anesthesiologist to drink clear liquids up to a few hours before your anesthesia.

If you smoke, please refrain.

### **Will I need someone to take me home?**

Yes, you must make arrangements for a responsible adult to take you home after your anesthetic or sedation. You will not be allowed to leave alone or drive yourself home. It is strongly suggested that you have someone stay with you during the first 24 hours.

If you have local anesthesia only, with no sedation, it may be possible to go home without someone to accompany you. Check with your doctor first.

*These instructions are important for your safety. If you do not follow your physician's instructions about **not eating and having an adult take you home**, your surgery may be canceled.*

### **Should I take my usual medicines?**

Some medications should be taken and others should not. It is important to discuss this with your anesthesiologist. Do not interrupt medications unless your anesthesiologist or surgeon recommends it.

### **What should I wear?**

If at all possible, wear loose-fitting clothes that are easy to put on and will fit over bulky bandages or surgical dressings. Leave your jewelry and valuables at home.

## **DAY OF SURGERY**

### **What happens before my surgery?**

Most commonly, you will meet the anesthesiologist who will care for you on the day of your surgery before you go into the operating room. Your anesthesiologist will then review your medical and anesthesia history and the results of any laboratory tests and will answer any further questions you may have.

Nurses will record your vital signs, and your anesthesiologist and surgeon will visit with you, completing any evaluations and laboratory tests. Intravenous fluids will be started and preoperative medications given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

### **What happens during my surgery?**

Your anesthesiologist is personally responsible for your comfort and well-being. Your anesthesiologist leads the anesthesia care team to monitor as well as manage your vital body functions during your surgery. Your anesthesiologist is also responsible for managing medical problems that might arise related to surgery as well as any chronic medical conditions you may have, such as asthma, diabetes, high blood pressure or heart prob-

lems. A member of your anesthesia team will be with you throughout your procedure.

## **RECOVERY IN THE SURGICAL FACILITY**

### **What can I expect after the operation until I go home?**

After surgery, you will be taken to the postanesthesia care unit, often called the recovery room. Your anesthesiologist will direct the monitoring and medications needed for your safe recovery. For about the first 30 minutes, you will be watched closely by specially trained nurses. During this period, you may be given extra oxygen, and your breathing and heart functions will be observed closely.

In some facilities, you may then be moved to another area where you will continue to recover, and family or friends may be allowed to be with you. Here you may be offered something to drink, and you will be assisted in getting up.

### **Will I have any side effects?**

The amount of discomfort you experience will depend on a number of factors, especially the type of surgery. Your doctors and nurses can relieve pain after your surgery with medicines given by mouth, injection or by numbing the area around the incision. Your discomfort should be tolerable, but do not expect to be totally pain-free.

Nausea or vomiting may be related to anesthesia, the type of surgical procedure or postoperative pain medications. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients.

Medications to minimize postoperative pain, nausea and vomiting are often given by your anesthesiologist during the surgical procedure and in recovery.

### **When will I be able to go home?**

This will depend on the policy of the surgery center, the type of surgery and the anesthesia used. Most

patients are ready to go home between one and four hours after surgery. Your anesthesiologist will be able to give you a more specific time estimate. Occasionally, it is necessary to stay overnight. All ambulatory surgical facilities have arrangements with a hospital if this is medically necessary.

### **What instructions will I receive?**

Both written and verbal instructions will be given. Most facilities have both general instructions and instructions that apply specifically to your surgery.

In general, for 24 hours after your anesthesia:

- Do not** drink alcoholic beverages or use nonprescription medications.
- Do not** drive a car or operate dangerous machinery.
- Do not** make important decisions.

You will be given telephone numbers to call if you have any concerns or if you need emergency help after you go home.

## **RECOVERY AT HOME**

### **What can I expect?**

Be prepared to go home and finish your recovery there. Patients often experience drowsiness and minor after-effects following ambulatory anesthesia, including muscle aches, sore throat and occasional dizziness or headaches. Nausea also may be present, but vomiting is less common. These side effects usually decline rapidly in the hours following surgery, but it may take several days before they are gone completely. The majority of patients do not feel up to their typical activities the next day, usually due to general tiredness or surgical discomfort. Plan to take it easy for a few days until you feel back to normal. Know that a period of recovery at home is common and to be expected.

## SPECIAL CONSIDERATIONS FOR CHILDREN



anesthesia can be safely administered to children in a hospital, a freestanding ambulatory center or a suitably equipped physician's office. Many procedures for children are often done in such outpatient settings. Children benefit from the early return to comfortable and familiar surroundings. Parents

benefit because of less time away from other family members and less interruption in their work schedules.

In some facilities, there may be programs to help prepare you and your child for ambulatory surgery and anesthesia. In these programs, you may visit the facility, see equipment that will be used and ask questions regarding anesthesia, surgery and recovery.

On the day of surgery, your child should not eat solid food. The anesthesiologist may allow liquids to be given. Parents should plan to stay in the facility during their child's procedure and to make every attempt to have siblings stay home.

Upon arrival at the surgical facility, a nurse will check vital signs and orient you and your child. The anesthesiologist will conduct a preoperative interview and physical exam and discuss the anesthetic plan. For most children, general anesthesia is the preferred form of anesthesia. Anesthesia may begin with intravenous medication, or with breathing anesthetic through a facemask, and then, an intravenous line may be placed after your child is asleep. This may be supplemented by local anesthesia injected by the surgeon or anesthesiologist to control postoperative pain. After surgery, your child will awaken in a recovery area where a nurse will check vital signs, the surgical site and pain control.

Before going home, your child *may* be offered something to drink. Parents will receive detailed instructions regarding post-anesthetic and post-surgical care. All questions should be answered and you should feel comfortable taking your child home from the facility.



## FOLLOW-UP

Be sure to follow the instructions given to you while at the surgical facility. These instructions are important to permit the fastest, safest and most pleasant recovery possible. If you have any questions, please feel free to call your anesthesiologist.

Sometime after your ambulatory anesthesia and surgery, you will be contacted to see how you feel and if you had any problems. You may receive a telephone call from the surgical facility or a questionnaire to mail back. It is important to use this opportunity to let your caregivers know how you feel so they may provide the best possible care.

## YOUR RIGHTS AS A PATIENT



Although you will not be spending the night in a hospital, you are still a patient and entitled to the same rights that hospitalized patients receive. You should be given an opportunity to speak to those involved in your anesthesia care. All questions involving how the anesthesia will be administered and the training and qualifications of those providing your anesthesia should be answered fully. Any concerns you have about the facility, billing, pain management and safety equipment should be addressed to your satisfaction before undergoing anesthesia. The professionals caring for you should treat you ethically and respect your privacy and dignity. If you feel uncomfortable about any aspect of your care, you have the right to refuse the planned treatment.

## OTHER QUESTIONS

Please ask questions! Your experience will be easier if you know what usually happens and what you should expect.

Remember, the focus of ambulatory anesthesia is on you, the patient.

“Anesthesia & You . . . Anesthesia for Ambulatory Surgery” has been prepared by the American Society of Anesthesiologists through the cooperative efforts of the Society’s Committee on Ambulatory Surgical Care and Committee on Communications.

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**AMERICAN SOCIETY  
OF ANESTHESIOLOGISTS**

520 N. Northwest Highway  
Park Ridge, IL 60068-2573  
(847) 825-5586  
mail@ASAhq.org  
www.ASAhq.org