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anesthesia: the art of comfort

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surgeon or anesthesiologist before the surgery. That way you can be sure that you take only what is appropriate on the day of the procedure. Typically, however, if you must take your medication before surgery, it is fine to take it with small sips of water.

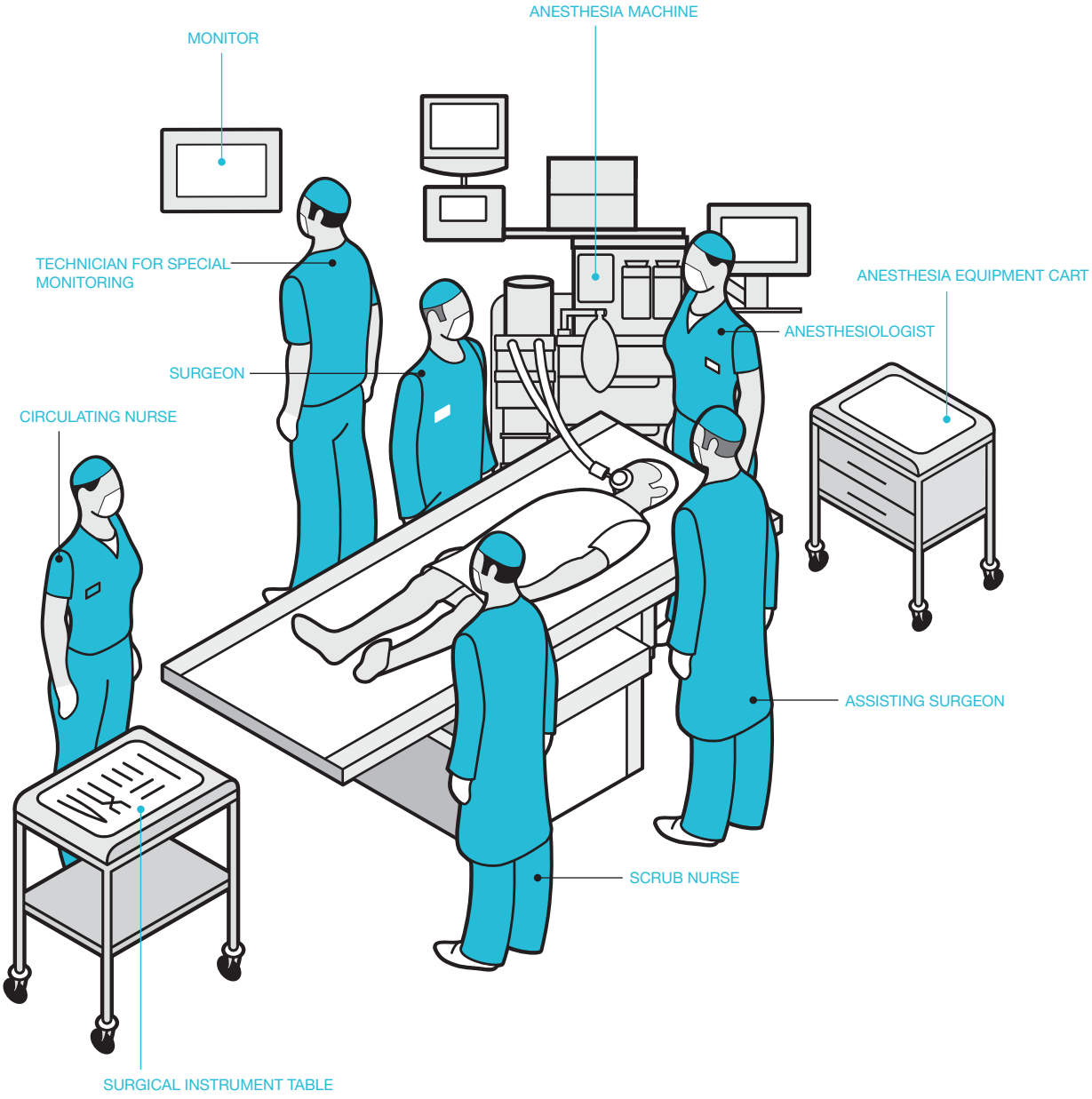
PanchLines

Dr. Dhar Advises: Morning, Noon, or Night?

The later in the day your surgery is scheduled, the more dehydrated you will become. That's because you can't drink fluids after a certain point. The earlier in the day that a same-day (or ambulatory) procedure is done, the more likely you are to return home by dark to recover. Sometimes your request for an early procedure cannot be accommodated because of patient volume and other surgical priorities, but it never hurts to ask. You should inquire about receiving intravenous hydration if you are required to wait a long time for your procedure.

General Fasting Guidelines before a Procedure

Item	Period of Time to Fast after Consumption
Clear liquids (water, fruit juices without pulp, carbonated beverages, clear tea, black coffee)	2 hours
Breast milk	4 hours
Infant formula	6 hours (4 hours if under 6 months old)
Cow milk	6 hours (4 hours if under 6 months old)
Non-clear liquid (coffee with milk)	6 hours
Light meal (dry toast and clear liquid)	6 hours
Solid food	8 hours



A VIEW OF ALL THE PEOPLE IN THE OPERATING ROOM

Malignant Hyperthermia: An Anesthesia Emergency!

An uncommon genetic defect can make some patients prone to **malignant hyperthermia** (MH). This is a condition of extremely high body temperature that can only be seen when a predisposed person is exposed to anesthetic gases or the muscle relaxant succinylcholine, which are the triggering agents.

A rapid rise in body temperature, muscle rigidity (tightness), dark-colored urine, and abnormal blood chemistry are some of the telltale signs of MH. This is an anesthetic emergency, because the body is essentially boiling up from the inside. Fortunately, there is a standardized treatment for the MH crisis that can save the patient. A medication called dantrolene must be given immediately if an MH crisis is suspected. But dantrolene is only part of the treatment. In addition, introducing cooled fluids, applying ice on the body, supplying 100 percent oxygen, and protecting the heart, brain, and kidneys are essential in

PanchLines

Dr. Dhar Advises: Take It Easy

Don't plan to drive home from the hospital or off-site surgery center by yourself! A controlled study looked at whether driving alertness had been restored to normal by two and then twenty-four hours after general anesthesia in patients who had same-day surgery. Patients showed impaired driving skills (attention lapses and lower alertness level) two hours after the surgery but were safe to drive twenty-four hours after general anesthesia.

Rx Prescriptives: Be a Better Consumer

- ☐ Where will you be recovering after surgery—in the recovery room? In the intensive care unit? At home? Ask your doctor. _____
- ☐ Will you need special monitors (arterial line, central line, pulmonary artery catheter) in the recovery room? _____
- ☐ Will you be on a ventilator in the recovery room? _____
- ☐ Once in the recovery room, when will you get to see your loved ones? _____
- ☐ Is there someone to accompany you home after surgery? Who? _____
- ☐ Is there someone to take care of you when you get home? Who? _____

glossary

accreditation A third-party verification that a facility meets requirements for patient safety, proper functioning of equipment, and credentialing of persons working there.

airway management A term broadly including all the maneuvers and devices used to maintain and ensure unobstructed oxygenation and removal of exhaled carbon dioxide in a patient. It includes placement of devices such as an endotracheal tube or laryngeal mask airway.

airway management device Any device used to ensure breathing and oxygenation (optimize level of oxygen in the blood), such as a face mask. A variety of devices aid in placement of a breathing tube (endotracheal tube) in the windpipe (trachea); for example, a laryngoscope, fiberoptic scope, GlideScope, and Airtraq.

ambulatory surgery A procedure that allows a patient to go home the same day after an operation or procedure.

amnesia Loss of memory.

analgesia Pain control; absence of pain.

anesthesia assistant (AA) A non-physician health professional who works under the direction of licensed anesthesiologists to implement anesthesia care plans.

anesthesia machine A machine used to support the administration of anesthesia. It is integrated with an oxygen and anesthetic gas delivery system and a ventilator (breathing machine) to support patient breathing.

anesthesia resident A licensed physician receiving training in anesthesiology in a hospital. The training period ranges from three to four years after medical school.

anesthesiologist A licensed physician who practices anesthesiology in a hospital or surgical facility. This person may be a medical physician, dentist, or oral/maxillofacial surgeon.

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a must-have book for people concerned about their health care

If you're like most people, you know little about the anesthesia used for your medical procedures—nor do you know what questions to ask your doctors!

Before the Scalpel: What Everyone Should Know about Anesthesia gives you the tools to be empowered in this crucial aspect of your health care—whether you're getting a tooth filled or anticipating heart surgery. Author Panchali Dhar, MD, explains the types and uses of anesthesia and addresses common fears about "going under."

Through everyday language, engaging illustrations and photos, helpful tips, and write-in checklists, Dr. Dhar walks you through the process of going safely and comfortably through any procedure that may require some form of anesthesia—including labor and delivery, plastic surgery, procedures for infants and children, surgery on the overweight patient, and oral/dental work.

Before the Scalpel helps you become your own advocate for better—and safer—health care.

"Dr. Dhar's book is so readable, concise, and informative that it should be assigned reading by surgeons and physicians to their patients who are preparing for surgery or procedures requiring sedation."

—Robert M. Rey, MD, MPP, featured on E! Entertainment's hit series *Dr. 90210*

"The book is beautifully written in a simple yet elegant style, presenting extremely difficult concepts in an easy-to-understand format. . . . Every sentence, every concept is crisp and concise and valuable to anyone who plans an operating room experience."

—Ira H. Kirschenbaum, MD, founding executive director of Medscape Orthopaedics, now part of the WebMD family

"In an age of information overload, anesthesia—the 'art of comfort'—remains the dark continent of medicine for most patients. *Before the Scalpel* does an admirable job of closing this gap, presenting the whys and wherefores of these procedures in a crisp and lucid style. Panchali Dhar has thought of all the possible questions and fears that patients might have and addresses them one by one."

—Daphne Merkin, novelist, critic, and contributing writer to *The New York Times Magazine*

Panchali Dhar, MD, is assistant professor of clinical anesthesiology at New York-Presbyterian Hospital, Weill Medical College of Cornell University. She is board-certified in internal medicine and anesthesiology. She lives in New York City.

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