

OPERATING ROOM INFORMATION FORM

Most people believes that anesthesiologists just induce anesthesia or makes the patient sleep during the surgery and recovers the patient at the end of the operation. Contrary to this common belief, anesthesiologists not only ensure comfort of patients, but they also suppress pain and consciousness completely, monitor and modulate critical vital functions, such as respiratory rate, heart rate, blood pressure, brain functions and renal functions and diagnoses and treats medical problems that may occur during surgery or reanimation. This guide aims to inform you and your family about type of anesthesia that is deemed appropriate for your operation. Please read this form very carefully, as your cooperation is extremely important. Please answer all questions in detail and honestly. **Do not hesitate to ask any issue that you did not understand well.**

There are three types of anesthesia:

- General
- Regional
- Sedation

Risks:

- Your teeth may be damaged, while a tube is inserted into your respiratory tract.
- You may feel short-lasting sore throat.
- Risk of allergy is pretty low.

ATTENTION!

- You should be **FASTING** before the operation. You need to stop eating solid foods **6 to 8 hours** before the operation and you should stop drinking clear fluids (water, sugar-free tea) **2 hours** before the surgery.
- **Before you present to operating room, YOU NEED TO REMEMBER:**
 - Inform your nurse about contact lenses, eyeglasses, hearing aids, removable dentures and jewelry.
 - You should not use nail polish and lipstick.
- Anesthesiologist will observe and monitor you throughout the operation.
- You will be monitored and supervised in a special care unit after the operation.

Please read the form completely for further details.

WHAT ARE ANESTHESIA METHODS?

Principally, there are three anesthesia methods, namely general anesthesia, regional anesthesia and sedation-analgesia.

General Anesthesia

It suppresses consciousness and the sensation of pain completely. It is like a deep sleep for the patient. Certain medicines are intravenously administered to induce anesthesia and anesthetic agents that are in gas or vapor form are inhaled through a mask or a tube inserted into the respiratory tract to maintain the anesthesia.

Meanwhile, vital signs, such as heart rate, blood pressure, respiratory rate and pattern, brain functions and renal functions, are monitored, fluid and electrolytes are balanced and blood and blood products are transfused, if necessary, to manipulate duration and depth of anesthesia with high-tech devices. After the operation is completed, anesthetic agents are stopped and recovery procedures are started.

Regional Anesthesia

The principle is based on numbing the nerves located in and around the surgical site by injecting certain medicines. It can also be induced by infusing the medicine continuously through a very thin (1-2 mm) tube that is inserted into regions nearby the nerves. Meanwhile, you may be alert or a non-potent sedative agent can be administered. Your tactile sense is not affected in the operation, but the sensation of pain is completely eliminated. The most common regional anesthesia methods are epidural and spinal anesthesia.

Sedation-Analgesia

For minor surgeries that are carried out under local anesthesia or operations that are frequently performed by numbing only the surgical site by the surgeon, anesthesia is induced with sedation-analgesia technique by administering sedative agents and potent pain killers.

FREQUENTLY ASKED QUESTIONS

Why is my medical history important?

The patients who will be undergone an operation usually have coexisting diseases, such as heart disease, diabetes mellitus, asthma and allergy. In addition, the medicines you take regularly for your disease may interact with anesthetic agents. If you inform your anesthesiologist about your medicines, the risk for an unexpected event during the surgery will decrease.

What is risk of anesthesia?

As is the case with all surgeries, anesthesia poses certain risks that are related not only to type of surgery but also to medical condition of the patient. The question on whether “anesthesia will be administered or not” is frequently asked. There is no definitive rule to determine this need. If a major surgery will be performed, the matter should be how anesthesia can be induced in the safest way rather than whether anesthesia will be administered or not.

What are complications of anesthesia?

Although a tube is inserted into your respiratory tract by experienced healthcare professionals, it may be difficult or even impossible under certain circumstances. The difficulty is usually caused by short neck, larger anterior teeth, obesity, difficulty in mouth and jaw motions or congenital factors. This condition is largely resolved by modern anesthesia methods.

Your teeth may be damaged, while a tube is inserted into your respiratory tract. Your anesthesiologist will examine and inform you in detail about these issues in the preoperative discussion. If you have a past anesthesiology history of difficulty in the placement of tube or you have teeth that may be damaged or loose, please inform your anesthesiologist. You may feel sore throat for 24 to 72 hours in the early postoperative period depending on the surgery and type and duration of anesthesia.

Certain conditions (anesthetic agents, type of operation and pain killers used at the end of the operation) may cause postoperative nausea and vomiting. The risk for allergic reaction secondary to anesthetic agents is extremely rare for medications that are recently used. Patients are placed in various positions during the surgery in order to facilitate the surgical procedure and approach to the relevant body part. Appropriate body positions help minimizing the effects on respiratory and circulatory systems and the risk of nervous injuries secondary to compression of various body parts.

Why are eating and drinking not allowed before the operation?

Anesthesia suppresses native defense reflexes of the body, such as defense mechanisms that prevent accidental migration of foods into lungs. Therefore, your stomach should be empty. For this purpose, you need to stop eating and drinking 6 to 8 hours before the procedure. Clear fluids (sugar-free tea and water) can be drunk to swallow medicines up to 2 hours before the operation. However, you should notify your doctor, if you have already eaten or drunk within this interval.

Why are smoking and alcohol consumption important?

Smoking and alcohol consumption influence your bodily functions as much as or even stronger than the medicines you take. They may change effects of anesthetic agents due to their negative influences on certain organs, such as lungs, heart and liver. You should optimally quit smoking minimum 6 weeks before your operation. However, please remember that cessation of smoking even several days before the operation will be beneficial, if it is not possible to quit smoking before non-elective operations.

BEFORE PRESENTING TO OPERATING ROOM:

- Remove all your personal belongings, such as contact lenses, eyeglasses, hearing aids, removable dentures, jewelry and hair pins.
- You need to undress your clothes and underwear and dress surgical gown. Give your jewelries, including wedding ring, and money as well as all your valuable belongings to your family members or friends. If you have no family member or friend who accompanies you, nurses or operating room secretary will help you and keep your valuable belongings in a safe.
- Remove make-up, nail polish and lipstick. This will help your anesthesiologist control your blood circulation throughout the operation. Moreover, this measure is very important for proper functioning of devices that measure oxygenation of your body in nail bed.
- Another important point is to empty your urinary bladder before you are operated on.
- If your doctors order a medicine for you, it will be given by mouth or into a vein or muscle before you are undergone the operation. Do not get out of the bed, after the medicine is administered.

WHILE TRANSFERRED TO OPERATING ROOM:

- You will be transferred by an operating room staff to the operating room in a wheelchair or stretcher or in your bed.
- Your family members or friends may accompany you to the door of the operating room (please allow only one person).
- Your family members can wait in waiting lounge at the entrance of the operating room, in your room or cafeteria throughout the operation.
- The secretary desk at the entrance of operating room will inform your family members about the operation.
- When the operation is completed, your doctor will inform your family members in your room or the doctor's office at the entrance of the operating room.

OPERATING ROOM:

- You will be handed over to chief nurse of the operating room at the entrance of the operating room and you will transferred either to preparation room or operating room depending on the type of your operation.
- Your anesthesiologist and anesthesia technician will talk to your and make final checks; you will be connected to devices that will monitor your vital signs and a very thin plastic tube will be inserted into a vein in your arm, if not already inserted, and thus, you will be made ready to undergo the operation.
- The operating room may be cold. You will be protected with blankets that blow hot air before anesthesia is administered and throughout the operation. Therefore, do not worry.

POST-OPERATIVE AND POST-ANESTHESIA PERIOD:

Post-Anesthesia Care Unit (PACU: Post-Anesthesia Care Unit)

- This unit is divided into subunits with curtains; each unit is equipped by devices that will monitor you and record your vital signs.
- You will be closely monitored here and all events that impair your comfort will be managed with medicines and interventions until you are transferred to your room or discharged to your home.
- Inpatients stay at this unit at least for half an hour and day surgery patients stay at least for one hour.
- Here, your body temperature, heart rate and rhythm, blood pressure, oxygenation and mental status will be very closely monitored and checked.
- All your complaints will be eliminated, including postoperative pain.
- Patients are mostly transferred from the operating room to this unit after consciousness is restored and the patient is alert.
- Oxygen support with a mask should not worry you; this is a measure. After it is decided that all parameters are within accepted ranges, such procedures will be stopped.
- Shivering may occur after operation and anesthesia induction. Blankets that blow hot air and certain medicines will eliminate this symptom within a short time.
- You may feel dryness and pain in your throat. They may be caused by the tube inserted into your respiratory tract and the anesthetic gases. They will disappear very soon.
- Nausea and vomiting are likely depending on type of surgery and effects of anesthesia. This disturbing condition can be easily controlled with drugs.

- The patients who are administered regional anesthesia may feel numbness in legs and face difficulty in moving the legs. This is a transient effect of the drug. You may stay at the post-anesthesia care unit until you feel and move your legs or you may be discharged to your room when effects of the drug wear off, provided it is approved by your anesthesiologist.
- If you will be discharged to home after the operation that is carried out under regional anesthesia, you will stay at the pre-discharge resting division of this unit, until effects of the drug wear off completely.
- You may be accompanied by one of your family members at the day surgery division of the post-anesthesia care unit.
- Even if all postoperative parameters are within expected ranges after a day surgery, but you need to stay for a longer time due to unique characteristics of the operation, you may stay and talk with your family members at the resting division. Only one family member is allowed to this division.

Intensive Care Unit:

- Intensive care is required after certain major operations. You will be monitored by devices that can make more complex measurement in the intensive care unit; you may be anesthetized or sedated for a longer time. This requirement will be informed to you and your family members by your surgeon and anesthesiologist.
- Sometimes, you may not be able to talk transiently due to the tube that maintains your ventilation; anesthesiologists and nurses of the intensive care unit will monitor you more closely and any and all problems will be solved immediately.
- Visiting hours for the intensive care unit are 10:00 to 11:00 and 16:00 to 17:00.
- Moreover, if you authorize only one family member to be informed, your intensive care physicians and nurses will spare more time for you and patients.

Postoperative period (inpatients):

When you are discharged to your room, your vital signs and surgical site will be checked, albeit more frequently in the first 24 hours.

Intravenous fluid support and your surgical site:

- You will be intravenously infused fluid for a certain period that is determined by your doctor in postoperative period. When you are allowed to drink water or your intravenous medication treatments are stopped, the catheter in your arm will be removed.
- Your surgeon and nurse will check your surgical site, if required, after the operation.

Your pain:

- Feeling mild to moderate pain after the operation is an expected condition. This uneasy condition will be managed with either patient controlled analgesia device (pain pump) or intravenous or intramuscular pain killer administrations. When you are allowed to drink water, pain killers will be given regularly by mouth.
- Do not hesitate to call your nurse, when you feel pain.

Your breathing:

- Our lungs are comprised of thousands of small air sacs that allow breathing easily. These air sacs can be occluded or filled with fluid after anesthesia. These events may impair oxygenation of the body and/or lead to lung infections, such as pneumonia. Therefore,
- If you need to lie in the bed continuously depending on the type of your operation, you need to authorize your nurse to change your position once every two hours.
- Try to cough and breathe deeply. Call your nurse, if you feel pain. Try to cough and breathe deeply, after you take pain killer.
- In some cases, you be given a device that helps you make easy and deep breathing exercises and instructions for use of the devices will be explained.

Thrombosis (blood clot):

Necessary postoperative restrictions of your physical activity may slow down blood circulation especially in your legs and cause blood clots.

- Special socks are worn by patients who are undergone surgeries that require long-term hospital stay, as instructed by the doctor, or who are at high risk.
- Moreover, SCD (sequential compression device) can also be wrapped around your legs. These socks or sleeves will ensure better blood supply to your heart.
- Leg exercises in your bed will help your blood circulation.
- This risk will be substantially minimized, if you mobilize immediately after you are allowed.

Nutrition:

- Anesthesia induction and surgical procedure will slow down your bowel activities. After intravenous nutrition is completed, you will be given liquid foods.
- Next, you will be switched to usual diet depending on your tolerance and activities of the digestive system.
- Good nutrition will help you heal quickly and feel better.

Movement:

- Your nurse will inform you about the allowed movements.
- When you are allowed to get out of the bed, your nurse will aid you.
- Move slowly. First, take a seat on the bed and sit on the bed for a while and next, start walking while aided by your nurses or your family member.
- Try to walk at more distance every other day.

Discharge:

You need to clearly know what you should do at home before you are discharged.

You or your family members are kindly asked to write advices and notes on medicines, nutrition, pain management, daily activity, bath and shower and surgical wound care as well as bandage and care in relevant sections in the continuum of the booklet.

My Doctor:

Phone:

My anesthesiologist:

Day time : +90 212 444 3 777 / **8460** or **8468**

Night : Anesthesiologist on duty at +90 212 444 3 777 / **8460**

Nutrition – diet:

My medications:

My pain killers: :

My daily activities:

Bath and shower:

Surgical wound care:

Bandage:

Other follow-up criteria:



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