ANAESTHETIC GROUP

Dr Callum R Gilchrist
BMedSc(Hons) MBBS FANZCA
Specialist Anaesthetist
Provider Number 2372507K ABN 30 304 960 780
PO Box 4181 Royal North Shore Hospital NSW 2065
cg@drgilchrist.com.au F | 02 8078 4281
Secretary: Lauren T | 02 8436 7617

Frequently Asked Questions

What is an Anaesthetist?

As an Anaesthetist, I am a medical specialist who helps you through your operation. I have spent 16+ years studying and training to look after you before, during and after your operation. I am an Australian doctor that is officially recognised as a consultant in the specialty of anaesthesia.

What does an Anaesthetist do?

Getting a patient through their stay in hospital to achieve the best and safest outcome is a team effort. The anaesthetist is essentially the doctor who looks after 'all of you' whilst the surgeon looks after their area of interest. I remain with you for the duration of your operation. This means that the anaesthetist is involved in such facets of your surgery as:

- The administration of the anaesthesia which makes you unconscious
- The safe insertion and maintenance of any breathing tubes, intra-venous or intra-arterial access devices
- The administration of pain relief and placement and maintenance of nerve blocks to control your pain
- The minimization of any post-operative nausea and vomiting
- The monitoring, and correction of, changes to your vital signs that the surgery and the anaesthesia itself can precipitate
- The administration of drugs and fluids, including the transfusion of blood products, as the procedure requires
- Ensuring that your physiology is as close to normal upon your emergence from anaesthesia (including your body temperature, acid-base, electrolyte and blood sugar levels, for example)
- Maximising your safety in the recovery unit, with adequate control of any symptoms prior to being discharged from recovery

In the post-operative period, I will endeavour to make you as comfortable as possible, working with your surgeon to achieve this in the most effective manner.

Why do patients need to fast before having elective surgery?

Aspiration is the name given to the process of stomach contents entering the respiratory tract. Aspiration of even small amounts of stomach contents into the airways and the lungs can lead to severe, life-threatening, respiratory complications. The single most important method that we have to prevent this occurring is to have an adequate fasting period prior to being anaesthetised, allowing time for the stomach to empty.

Fasting means nothing enters your mouth except water as described below. Patients often think that lollies (eg. mints) or chewing gum is OK – this is wrong! Lollies and chewing gum increase stomach fluid secretion meaning the risk of aspiration is increased. As such, nothing (such as chewing gum and lollies) is to enter your mouth during the fasting period, except water as described below, and failure to follow these

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instructions will lead to your procedure being delayed or cancelled. Please remember that these fasting rules exist simply to maximize your safety.

An adequate fasting period is considered to be six hours for everything other than water. The fasting time for water is considered to be two hours. Thus, general guidelines that can be used if no others have been provided are:

- For a *procedure before noon*, please *fast from midnight the night before*– the only exception is water which you can continue to drink until 0500hrs if desired (maximum of 200mls/hr), with the only intake after 0500hrs being a sip of water with your morning medications
- For an *afternoon procedure*, please have a *light breakfast before 0630hrs*, and then only water until 1030hrs (maximum of 200mls/hr). After 1030hrs, nothing but a sip of water for any required medications is allowed

What are the risks of an Anaesthetic?

Australia is the safest country in the world to undergo an anaesthetic. Nonetheless, every anaesthetic involves some risk. There are minor complications that do not affect long-term quality of life but can be unpleasant, and there are major complications that occur very rarely but do impact on a patient's long-term functional capacity and quality of life. I will discuss the relevant risks with you when we talk, and I would encourage you to ask me any specific questions that you may have.

- Minor complications – could almost be called expected side-effects in some patients. These include a sore nose or throat from the breathing tube, post-operative nausea and vomiting, and some discomfort or pain
- Moderate complications occur with less frequency, say one chance in hundreds of operations, but are more troublesome. These can include teeth or lip damage either from the breathing tube being inserted or removed, or possibly due to actions of the surgeon. Also, a significant nose-bleed is possible if a nasal tube is used
- Severe complications occur very rarely but impact on a patient's long-term functional capacity or quality of life. The risk of one of these major complications is about the same as the risk of having a car crash. These can include severe drug reactions such as anaphylaxis, awareness under anaesthesia, heart attacks, strokes, permanent cognitive deficits due to the anaesthesia itself, eye damage with permanent loss of vision, aspiration with significant respiratory compromise, and spinal cord or peripheral nerve injuries leading to weakness, numbness, neuropathic pain, bowel or bladder dysfunction, or complete permanent paraplegia. The risk of dying due to the anaesthetic is incredibly small

When can I return to normal activities after my operation?

If you have had a procedure and are discharged on the same day or the next morning, you will generally feel well enough to undertake many of your normal activities. However, there is evidence that your judgement and motor skills are impaired for up to 24 hours after your anaesthetic, placing you (and potentially others) at increased risk of harm. This can include from signing important legally binding agreements, being responsible for the health of others (such as children or elderly relatives), or from attempting to perform tasks such as cooking and driving. As such, you must arrange your stay in hospital

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such that you have no need to undertake any of these or other similar tasks in the first 24 hours after your anaesthetic.

Can I get a taxi or public transport home from the hospital when I have had a procedure that day?

No. That's the short answer. In the early post-operative period there is the potential for unexpected medical complications (eg. depressed breathing or a decreased level of consciousness from post-operative medications, or bleeding). Combine that with knowledge that for the first 24 hours after the anaesthetic your judgement is impaired. Together these risks make it imperative that you are discharged into the care of a responsible adult.

The Australian and New Zealand College of Anaesthetists (the body responsible for setting the standards for the safe practice of anaesthesia within Australasia) has published a Professional Standard which elaborates on this issue further. Point three in the PS15 Recommendations for the Perioperative Care of Patients Selected for Day Care Surgery[1] specifies that patients need a responsible adult to escort them home and to stay at least overnight.

Please explain Anaesthetic fees in more detail

The anaesthetic fee covers:

- Before the operation – my time spent communicating with yourself, or your treating doctors, and following up on any issues that are identified, eg. organising a review by a specialist, ordering or obtaining the results of investigations, instituting changes to existing medications or commencing a new medication, and ensuring appropriate post-operative care has been organised
- During your operation – my time from before the surgeon begins until after the surgeon finishes. The anaesthetist is the first person to arrive for any operation and the last to leave
- After the operation – my time in maximising your comfort in the recovery unit and then on the ward, aiming to minimise pain, nausea and vomiting, amongst other symptoms

For your procedure there will be an out-of-pocket expense, which means that after all possible rebates from Medicare and your health fund (if insured), you will have paid a 'gap' payment. The reasons for this include the inappropriately low rebates for anaesthesia items in the Medicare Benefits Schedule, and the failure to index these rebates with inflation, in addition to the increasing costs of medical indemnity and administration expenses.

Uninsured patients are entitled to receive a rebate from Medicare to partially cover the anaesthetic fee (Medicare rebate will equal 75% of the Schedule Fee). For the majority of uninsured patients, the total anaesthetic fee will need to be paid in full before your admission to hospital.

For patients with appropriate private health insurance:

- Depending upon your health fund, the out-of-pocket expense will vary, as will the need for you to physically claim the rebates from Medicare and your health fund

[1] http://www.anzca.edu.au/resources/professional-documents/pdfs/ps15-2010-recommendations-for-the-perioperative-care-of-patients-selected-for-day-care-surgery.pdf

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- Should you belong to a health fund that participates in a 'known gap' scheme and *have an eligible policy* (including Medibank Private and AHM's "GapCover" scheme, the "Access Gap Cover" scheme of the majority of the AHSA health funds, and BUPA and HCF's eligible hospital policies), the health fund will contribute a greater proportion to the total anaesthetic fee (health fund rebate is approximately *equal* to the Medicare rebate). The fixed out-of-pocket expense or 'known gap' co-payment is that portion of the fee that must be paid by you. These funds can reduce your out-of-pocket expense (the combined rebates total approximately 160% of the Schedule Fee) and there is no need for you to approach either the health fund or Medicare for their contribution as I invoice them directly
- Should you belong to a health fund (including HBA and NIB) which does not participate in a 'known gap' scheme then, unfortunately, the fund contributes a smaller amount of the total anaesthetic fee (health fund rebate is approximately *one third* of the Medicare rebate), and there can be a larger out-of-pocket expense that must be paid by you, known as the 'gap' payment. This means that you must pay the total anaesthetic fee and then approach Medicare and your health fund for rebates which represent approximately one quarter of the total anaesthetic fee (the combined rebates will equal 100% of the Schedule Fee)

Patients who are not covered by Medicare (eg. those from another country, or those having cosmetic or podiatric surgical procedures), regardless of whether they have a form of private health insurance, will face significantly increased out-of-pocket expenses. These patients can expect to pay the total anaesthetic fee before their admission to hospital.

Please contact me if you have any specific questions about my fees, or if you would like a fee estimate for your procedure.

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