

# Dr Michael Kirton

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**SPECIALIST ANAESTHETIST**

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My professional services to you as your Anaesthetist will include the following:

**Pre-operative assessment.** This usually takes place after you are admitted to hospital. I will ask about your health, medication and previous experiences with anaesthesia. We will discuss the options available for anaesthesia for your operation taking into consideration your medical condition, your wishes and the needs of the surgery. If you feel you need to discuss any issues prior to admission, please ring my rooms on **(03) 9419 6255**.

**Types of Anaesthesia** Generally one of the following options will be suitable.

1. **General Anaesthesia.** This most commonly involves inducing unconsciousness in a patient by injecting anaesthetic drugs and the breathing of powerful anaesthetic gases.
2. **Regional Anaesthesia.** This involves putting part of the body into a pain free state. Examples include spinal blocks, epidural blocks, arm blocks and major peripheral nerve blocks. Regional anaesthesia is usually accompanied by a varying degree of sedation adequate to keep the patient comfortable in the operating theatre, or by general anaesthesia.
3. **Local Anaesthesia.** This involves the administration of local anaesthetic to individual nerves or infiltration of the surgical area with local anaesthetic. Accompanying sedation is nearly always used.
4. **Intravenous Sedation.** This technique produces reduced awareness and commonly accompanies regional and local anaesthesia. Intravenous sedation is used by itself for procedures such as colonoscopy and gastroscopy.

During surgery I will carefully monitor your condition and adjust the anaesthetic accordingly.

## **Post-operative care**

After your operation I will continue to monitor your condition to ensure that you have recovered from the anaesthetic. I will order pain relief, intravenous fluids and other drugs as necessary.

## **Preparation for surgery**

1. **Fasting.** This is necessary to ensure that your stomach is empty. If you have food in your stomach it may cause severe damage to your lungs during anaesthesia. You may have normal food and fluid intake until **six hours** before surgery. Generally this means, if your surgery is scheduled for the morning, then you should have no food or liquid after midnight. If your surgery is scheduled for the afternoon, you may have a light breakfast before 7am. You may have one glass of clear fluid up to two hours prior to surgery. Clear fluids include water, tea and coffee without milk and apple juice. This only applies to adults and teenagers.
2. **Medications.** **Please bring all current medications to hospital.** You should continue any regular medications up to and including the day of surgery except tablets for lowering blood sugar. You should also cease any drugs that your surgeon has told you to stop (e.g. aspirin). Newer blood thinning drugs such as Iscover or Plavix may also need to be stopped. Please check with your surgeon, treating specialist or myself. Ring me, or your endocrinologist, if you take insulin, before the day of admission to discuss an insulin regime for the day of surgery.
3. **Do not smoke.** The longer you stop smoking before anaesthesia the greater the benefit. Cessation of smoking for as little as 12 hours can have a beneficial effect.
4. If the patient is a child, talk to them about what to expect including realistic expectations for pain after surgery. In most cases I am happy to have a parent present at induction of anaesthesia to comfort the child. Fasting for surgery for older children is the same as adults. For a younger child or infant on milk, then 6 hours for cow's milk, 4 hours for breast milk and 2 hours for clear fluids.
5. Stop taking herbal products for at least two weeks prior surgery.
6. **Tell your surgeon and anaesthetist about any health problems.**



### **Risks and complications of anaesthesia**

Australia is one of the safest places in the world to have an anaesthetic. Anaesthetists are highly trained doctors having spent many years of specialist training to ensure the safety of our patients.

The most common anaesthetic complications include

Discomfort and bruising at injection sites, Throat soreness, Nausea and vomiting

Less common anaesthetic complications include

Local infection, Minor nerve irritation, Dental damage particularly with veneers, caps, crowns and bridges, Bruising or small cuts around the mouth, Eye irritation, Headache, Backache

Rare anaesthetic complications include

Stomach contents entering the lungs or other lung damage, severe drug reactions including seizures, Nerve injury or nervous system damage including stroke, Heart attack, Awareness under general anaesthetics, Death

Infections resulting from anaesthesia are extremely rare. All drugs, needles, syringes and iv lines are used for one patient only and then thrown away.

Blood transfusion is kept to a minimum and is only used when the benefit of having blood outweighs the risk. All bank blood is tested for disease, though a very small risk of cross-infection remains.

### **Post-operative instructions**

If you are going home on the day of surgery you should have an adult to accompany you home and remain with you until the next day.

You may eat and drink as you wish unless your surgeon instructs otherwise. Light food is best at first. On the day of surgery you must not drive a car, operate dangerous machinery, sign any legal documents or drink alcohol.

### **Anaesthetic Fee**

You will receive an account for my services, which is separate to the accounts you receive from your surgeon and the hospital. My fees are based on (but less than) those suggested by the AMA and the Australian Society of Anaesthetists.

The fee varies depending on the complexity and duration of the procedure. Because the fee depends upon how long your procedure takes it is not possible to give a definite cost prior to your anaesthetic. Usually there will be an out of pocket expense between my fee and the rebates paid by Medicare and your health insurer.

If your private health fund participates in the 'known gap' system, this will reduce your out of pocket costs, depending on the rate offered by the fund.

#### **Estimate of Out of Pocket costs for insured patients:**

- Less than 1 hour \$100 - \$200
- Between 1-2 hours \$200 - \$300
- More than 2 hours – majority of procedures in the order of \$250 - \$500 **but** with a possibility of up to \$800 depending on the complexity & duration.

#### **Patients with NIB will have higher out of pocket costs.**

If you are having sedation only procedures (eg. gastroscopy, colonoscopy, flexible cystoscopy, truss biopsy) there will be no out of pocket cost.

If you are a DVA, Workcover or TAC patient, there will be no out of pocket cost.

**Uninsured patients will be required to pay the total fee for anaesthesia prior to surgery - Please contact my rooms for a quote and to arrange payment.**

IF YOU REQUIRE MORE DETAILED INFORMATION OR HAVE ANY QUESTIONS PLEASE CALL MY ROOMS ON (03) 9419 6255 BEFORE YOUR SURGERY.