

# Frequently Asked Questions: Anesthesia

## What is anesthesia?

Anesthesia is a medical intervention to keep patients from feeling pain during and after surgery.

## What is general anesthesia and what medications are used?

General anesthesia allows for patients to be unconscious and insensitive to pain during surgery. It is administered as either an inhaled gas, through a vein or both. The anesthesia medications used are individualized based upon a patient's medical conditions and the surgical procedure. General anesthetics frequently used include Propofol and Sevoflurane.

## What are common side effects of anesthesia?

Common side effects include nausea or vomiting, constipation, dry mouth, shivering and feeling cold, sore throat, grogginess, or confusion. You may have a higher or lower risk for side effects based on your health, and your anesthesia team will do everything possible to manage your risks and keep you safe and comfortable during the surgery.

## What is regional and spinal anesthesia?

Regional anesthesia refers to injection of local anesthetics to interrupt the transmission of stimuli through nerves to minimize pain in a specific area of the body. Spinal anesthesia is a type of regional anesthesia in which medication is injected into the spinal canal. Other peripheral nerves may be selectively targeted or "blocked" based upon the site of surgery. The numbness from the spinal or nerve block may last between 2 to 72 hours based upon the medication which is used.

## What is a nerve block and what should I expect?

Nerve blocks affect many types of nerves, including nerves that control pain, movement, and

normal sensation. It generally can last for 12-24 hours, though effects may continue for up to 72 hours depending on the medication used. Nerve blocks can temporarily make your extremity feel numbness, tingling, heaviness, weakness or inability to move your leg, a feeling that your leg has "fallen asleep." You will receive sedation before your anesthesiologist administers the nerve block.

## Will I receive any sedatives?

You and your anesthesiologist will develop an anesthetic care plan that may include preoperative sedation which will relieve your anxiety and pain before performance of the spinal injection and keep you comfortable during the procedure.

## Will I have a breathing tube or be intubated?

You will usually have some sort of breathing device if you are having general anesthesia. The two most common devices used are an endotracheal tube which goes into the windpipe (trachea), or a laryngeal mask airway which sits in the back of the throat just above the windpipe.

## Who should I talk to about my medical conditions, such as having a pacemaker, and past side effects after anesthesia?

Your anesthesiologist will review your medical records and test results before talking with you prior to surgery. They will discuss your past experiences and medical conditions with you preoperatively and every effort will be made to minimize your chances of unpleasant side effects. Please convey any history of nausea and vomiting following surgery or a history of motion sickness to your anesthesiologist. Also, provide any information regarding your pacemaker to your surgeon and the anesthesiologist including the type and the last time it was checked. They will make necessary adjustments to your anesthesia plan to ensure the best approach to keep you comfortable and safe.

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# Frequently Asked Questions: Anesthesia continued

## Will my sleep apnea have an impact on anesthesia?

Patients with sleep apnea may have an exaggerated response to the medications used for anesthesia and pain relief. Please discuss your concerns with your anesthesiologist.

## Will I wake up during surgery?

Awareness under anesthesia is extraordinarily rare during routine elective surgery. Our anesthesiologists use many techniques to prevent this rare event from occurring.

## Why do I need to fast the night before my surgery?

Your stomach must be empty of solid food and most liquids due to the rare risk of aspiration.

## What are the benefits of hydration before surgery?

If recommended by your care team, drinking carbohydrate rich clear fluids up to 2 hours before surgery helps support your body's ability to handle the physical stress of surgery by maintaining energy levels, stabilizing blood sugar, and reducing postoperative discomfort. Patients with certain medical conditions may be excluded from hydration protocol. These conditions may be hiatal hernia, diabetes, esophageal surgery, acid reflux disease, history of difficult intubation, chronic opioid use, neurological disease, and obesity.

## Why am I being asked to stop my GLP-1 agonist medication?

Current recommendations are to hold GLP-1 medications for at least a week pre-operatively, unless otherwise directed by your physician. Medications such as Ozempic and Mounjaro can slow down how quickly food leaves your stomach. Even if you haven't eaten for hours before surgery, your stomach might still have food in it, and this can be dangerous during anesthesia. It may raise the risk of vomiting and aspiration (inhaling stomach contents into your lungs), which can cause serious complications.

## When should I stop drinking alcohol before surgery?

It is ideal to stop drinking alcohol **at least 4 weeks before surgery to reduce complications and support recovery**. Any time without alcohol before surgery is better than drinking up to surgery – talk with your care team and do not stop suddenly without medical guidance.

## Can I use marijuana or nicotine products before surgery?

For your safety during anesthesia and recovery, please stop all marijuana and nicotine use before surgery. Stop smoking or vaping at least 4 weeks before and stop edible products at least 72 hours before your procedure. Marijuana can affect anesthesia and increase risks such as nausea and breathing problems. If you have any questions or use marijuana for medical reasons, please talk with your care team so we can help you plan safely.