ANESTHESIA

There are a variety of anesthesia techniques available. The Ridgeview Anesthesia Department strives to tailor anesthesia for each patient and the planned operation. Physician anesthesiologists and nurse anesthetists make up the team that delivers anesthesia at Ridgeview. The anesthesiologist will explain the anesthesia options and make a plan with the patient.

The anesthesia the patient receives depends on the type of surgery, the patient's general health and informed preferences. After discussing alternatives, the decision will be made by the patient and anesthesiologist with both safety and convenience in mind.

GENERAL ANESTHESIA:

Under general anesthesia, the patient is unconscious and relaxed while the anesthesia team monitors the patient's condition. As a rule, children receive general anesthesia for surgery. Adolescents and adults may have either general anesthesia or regional anesthesia depending on the operation. Regional anesthesia options include local block, IV block, and peripheral nerve block or conduction block.

REGIONAL ANESTHESIA:

Local Block: In a local block, a local anesthetic (such as Novocaine or Lidocaine) is injected at the site of surgery to numb the area directly. This type of block does not require a pre-operative physical.

Bier Area/IV Block: An IV block means that the local anesthetic is given intravenously and held in the place it is needed with a tourniquet. This is typically used during arm or hand surgery and offers a reliable method to numb an entire limb for surgery.

Peripheral Nerve Block: An arm, shoulder or leg can also be selectively numbed using a local anesthetic injection into the nerve area supplying the affected limb or shoulder.

Conduction Block: A conduction block refers to blocking transmission through the spinal cord by injecting a local anesthetic directly into the spinal fluid (spinal block) or in the epidural space just outside the spinal sac (epidural block).

- During a spinal block, a small amount of local anesthetic is injected into the fluid surrounding the spinal cord, using a very thin needle. The needle is passed through an intervertebral space along the back bone (safely below the level of the spinal cord). This gives a reliable loss of sensation and motion below the chest. The exact level is determined by the amount of drug and position of the patient.
- A spinal block or epidural block has advantages for older patients and patients with heart or lung disease because it has less effect on the lungs and heart than general anesthesia does.
• An epidural block also blocks spinal cord nerve conduction, and the indications and advantages are similar to the spinal block. But unlike spinal anesthesia, a tiny tube (catheter) can be inserted through the epidural needle into the epidural space and left there after the needle is removed from the back. Additional anesthetic agents can then be given during the surgery if needed. This catheter can also be left in postoperatively for a few days for epidural analgesia (pain control).

• Spinal and epidural blocks have yielded excellent results. However, it should be noted that headaches can occur in about 1 out of 100 patients. If a spinal headache occurs, it will be treated by an anesthesiologist.

MONITORED ANESTHESIA CARE:

In some cases, the recommendation is to administer IV sedation and IV analgesia (painkiller) with or without local anesthesia to complete the operation. The anesthesia team will monitor the patient's physiology and well-being during surgery. In such cases, an intravenous line will be started and blood pressure, EKG and oxygenation will be watched during the operation. The surgeon will likely use local anesthesia at the site of surgery.