

Frankston Anaesthetic Services



25 HASTINGS ROAD, FRANKSTON 3199

**BEFORE YOUR OPERATION YOU MUST CONTACT US TO COMPLETE THE ATTACHED
FORM FOR AN ESTIMATED COST OF YOUR ANAESTHETIC FEES**

THERE ARE TWO ALTERNATIVES TO GAIN YOUR ESTIMATE

LOG ONTO OUR WEBSITE www.fasonline.com.au

AND COMPLETE THE PATIENT REGISTRATION FORM

OR

BY RINGING (03) 9770 1388 and Select Option 1

MONDAY TO THURSDAY - 9AM ~ 4.30PM

FRIDAY - 9AM ~ 4.00PM

PLEASE HAVE THE FOLLOWING WHEN YOU CALL

- 1. YOUR MEDICARE & PRIVATE HEALTH FUND MEMBERSHIP CARDS**
- 2. THE SURGICAL ITEM NUMBERS (FROM YOUR SURGEON)**
- 3. THE ATTACHED ANAESTHETIC FEE INFORMATION SHEET**

ANAESTHETIC FEE INFORMATION

25 Hastings Road, Frankston Vic 3199

Your proposed surgery will involve care from a Specialist Anaesthetist. For your estimated costs please phone us on (03) 9770 1325 or (03) 9770 1324 to obtain informed financial information, which is now Government Legislation.

Your anaesthetist's invoice is a separate account to those of your surgeon and hospital. Your surgeon should also provide you with the surgical item number we require. The lower section must be signed & returned before your operation can proceed.

PATIENT COPY

(1) Estimate No: (2) Anaesthetist:

Patient Name:

Date of Operation: Surgeon:

Hospital:

Surgical Item Nos:

(3) Estimated fee for item numbers quoted: \$.....

(4) Expected out of pocket Expense: \$.....

This fee is based on an estimated time of minutes for the anaesthetic care. Should your procedure exceed this time, an additional fee of \$..... per 15 minutes, or if over 2 hours, per 10 minutes will apply.

COSTS OF RECOVERY: If the outstanding gap is not received by the due date, the Patient shall pay for any costs incurred for the recovery of monies owed to the Anaesthetist unless we are informed for the delay in payment.

THIS ESTIMATE IS VALID FOR 90 DAYS.

✂

TO BE RETURNED TO THIS OFFICE

Frankston Anaesthetic Services, 25 Hastings Road, Frankston 3199 – Reply Paid Envelope attached.

(1) Estimate No: (2) Anaesthetist:

Patient Name: Dr/Mr/Mrs/Miss/Ms.....DOB.....

Patient Address:

Patient Phone: Mobile:

Email:

Surgeon: Hospital:

Surgical Item Nos:

(3) Estimated fee for item numbers quoted: \$.....

(4) Expected out of pocket Expense: \$.....

This fee is based on an estimated time of minutes for the anaesthetic care. Should your procedure exceed this time, an additional fee of \$..... per 15 minutes, or if over 2 hours, per 10 minutes will apply.

Date Of Operation: Medicare No: Ref No.(...)

Private Fund: Membership No:

Sign here: Date:

****HAVE YOU HAD LAPBAND SURGERY? YES / NO**

****DO YOU HAVE A PACEMAKER? YES / NO**

****ARE YOU A DIABETIC? YES / NO**

PTO



FRANKSTON ANAESTHETIC SERVICES

HEALTH AND PRIVACY INFORMATION CONSENT FORM

We require your consent to collect personal information about you. Please read this information carefully and sign where indicated below.

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, treat and be pro-active in your health care needs. This means we will use the information you provide in accordance with the Victorian Health Privacy Principles Records Act, Principle 2.

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and the Health Insurance commission requirements.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.

Further information is available from our rooms and a brochure can be forwarded to you upon request.

.....

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained. I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Signed:
Patient

Date

About Anaesthesia

Patient Information

This brochure has been written to help you understand what is involved in anaesthesia. This brochure is not intended to be a substitute for an informed discussion with your anaesthetist prior to your operation. Please do not feel shy about asking questions.

You are in good hands

Most anaesthetists in Australia are highly trained specialists, having spent at least 5 years undergoing training in anaesthesia, pain control, resuscitation and the management of medical emergencies.

The role of the anaesthetist

People often think of anaesthesia as being 'put to sleep'. However, that is not strictly true. Usually the anaesthetist puts you into a state of carefully controlled unconsciousness. This is done so that you will be unaware, and not feel pain. No chance is taken during this period. Your major bodily functions are carefully and constantly monitored by your anaesthetist. This is 'general anaesthesia'.

Other types of anaesthesia may also be used and these are described later in this pamphlet.

After your operation, we want you to experience as little pain and discomfort as possible and here again, the anaesthetist will help.

Your role

There are some things you can do which will make your anaesthetic safer.

- *Get a little fitter – regular walks will help.
- *Do not smoke – ideally, stop six weeks before surgery.

*Drink less alcohol.

*Continue to take any drugs which have been prescribed but remember to let your anaesthetist and surgeon know what they are.

*If you are taking aspirin, non-steroidal anti-inflammatory agents or other blood thinning drugs consult your surgeon or anaesthetist about whether you should stop taking them prior to surgery.

*If you have any kind of health problem tell your anaesthetist and surgeon so they are fully informed.

*If you are concerned about your anaesthetic, make an appointment to see your anaesthetist before admission to hospital to get the answers you need.

*For children, many hospitals can arrange a pre-operative visit.

*Stop taking herbal products at least two or three weeks prior to surgery.

*Inform your anaesthetist if you use recreational drugs as these may interact with the anaesthetic.

*Inform your surgeon and anaesthetist if you object to blood transfusions.

What should I tell my anaesthetist about myself?

You will usually see your anaesthetist before your operation. This may not be possible for emergency cases, day cases and late arrivals. In those circumstances the "pre-operative consultation" will take place in the anaesthetic room or the theatre. The anaesthetist will want to know about:

* any prescription, over-the-counter, or recreational drugs (ie marijuana, etc) you take, or have taken; Please make a list of your usual medications.

* your overall health, previous operations and hospitalisations;

* any allergies to foods, drugs, or environmental agents;

* any unusual reactions to drugs or anaesthetics that you or anyone in the family has had;

* any history of asthma, diabetes, heart problems or other health concerns

* Use of cigarettes (please try to stop 6 weeks pre-op), the birth control pill, alcohol;

* any loose teeth, dentures, crowned, capped teeth or contact lenses. If your teeth are very loose, you should try to visit a dentist prior to surgery.

The anaesthetist wants to have the best possible picture of you and your present conditions so that the most suitable anaesthetic can be planned. Answer all questions honestly- it is really all about minimising risk to you.

Is fasting really necessary?

We know being hungry can be uncomfortable, but no food or drink before the operation is a must. Not even water. Food or fluid in the stomach may be vomited and enter your lungs while you are unconscious. If you do not follow this rule of fasting, the operation may be postponed in the interests of your safety. Your surgeon, your anaesthetist or hospital will advise you how long to fast.

General, regional, local or sedation?

This question relates to the type of anaesthetic you will receive and this will depend on the nature and duration of the surgery. Regional or local anaesthesia may often be used with or without general anaesthesia.

* General Anaesthesia

You are put into a state of unconsciousness for the duration of the operation. This is usually achieved by injecting drugs through a cannula placed in a vein and then maintained with intravenous drugs, or a mixture of gases which you will breathe. While you remain unaware of what is happening around you, the anaesthetist monitors your condition closely and constantly adjusts the level of anaesthesia. You will often be asked to breathe oxygen through a mask just before your anaesthesia starts.

* Regional anaesthesia

A nerve block numbs the part of the body where the surgeon operates and this avoids a general anaesthetic. You may be awake or sedated. Examples of regional anaesthesia include epidurals for labour, spinal anaesthesia for caesarean section and 'eye blocks' for cataracts.

* Local anaesthesia

This is used for minor surgery on a specific location (ie. hand or mouth). An anaesthetic drug is injected into the tissue to numb the exact area where surgery is required.

* Sedation

The anaesthetist administers drugs to make you relaxed and drowsy. This is sometimes called 'twilight sleep' and is often used for endoscopy, colonoscopy, some eye surgery and some plastic surgery. Most patients prefer to have little or no recall of events. Please discuss your preference with the anaesthetist.

After the operation

Your anaesthetist, with recovery room staff, will continue to monitor your condition carefully, well after surgery is finished, to ensure your recovery is as smooth and trouble-free as possible.

You will feel drowsy for a little while after you wake up from the anaesthetic. You may have a sore throat, feel sick or have a headache. These are temporary and usually soon pass.

To help the recovery process, you will be given oxygen to breathe, usually by a clear plastic facemask, and encouraged to take deep breaths and to cough. Only when you are fully awake and comfortable will you be transferred either back to your room, ward or a waiting area before returning home.

Do not worry if there is some dizziness, blurred vision or short term memory loss. It

usually passes quickly. If you experience any worrying after-effects; you should contact your anaesthetist.

Infections

Needles, syringes and intravenous lines are all used only once. They are new in the packet before your surgery commences and they are disposed of immediately afterwards. Cross infection from one patient to another is minimised.

Blood Transfusion

With modern surgery the requirements for blood transfusions are now uncommon. All blood collected today from donors is carefully screened and tested but a very small risk of cross infection still remains. Your anaesthetist is aware of these risks and only uses blood transfusions when absolutely necessary. For major surgery, you anaesthetist may supervise a system of collecting your blood during or after your operation, processing it and returning it to you. This is called blood salvage. Sometimes this avoids the need for transfusion with cross matched blood.

'Day of surgery admission' and 'day surgery'

It is likely that you will be asked to come into hospital only a few hours before your operation.

Hospitals are very busy places these days, and current practice means that you may only see your anaesthetist just before your anaesthetic. Please feel free to contact your anaesthetist prior to coming into hospital if you have particular concerns or questions.

Going home

The best part is that most people now go home on the day of surgery.

If you are having 'day surgery' make sure there is someone to accompany you home.

For at least 24 hours do not:

- * drive a car
- * make important decisions

*use any dangerous tools or equipment

*sign any legal documents

*drink alcohol

Anaesthesia – the risks and complications

Firstly, let us get this into perspective. There is no safer place in the world to have an anaesthetic than in Australia

Nevertheless, some patients are at an increased risk of complications because of their own health problems e.g, heart disease or obesity, and/or because of the type of surgery they are undergoing.

Some infrequent complications include: bruising, pain or some injury at the site of injections, temporary breathing difficulties, temporary nerve damage, muscle pains, asthmatic reactions, headaches, the possibility of some sensation during the operation (especially with caesarean section and some emergency procedures), damage to teeth and dental prostheses, lip and tongue injury and temporary difficulty speaking.

There can also be some very rare, serious complications including: heart attack, stroke, seizure, severe allergic or sensitivity reactions, brain damage, paraplegia, permanent nerve or blood vessel damage, eye injury, damage to the larynx and vocal cords, pneumonia and infection from blood transfusion. Remember, the possibility of more serious complications including death is quite remote, but it does exist.

We urge you to ask questions. Your anaesthetist will be happy to answer them and discuss the best way to work with you for the best possible outcome.

For any enquires please contact
Frankston Anaesthetic Services

25 Hastings Road, Frankston 3199
Tel: 03-9770 1388