

## *EDITORIAL*

**Safe Anaesthesia: Sleeping is necessary.** You may n't always go to sleep. There are four types of anaesthesia, and you're only completely unconscious with one of them.

**General anaesthesia** : Many people think about anaesthesia as a stage of sleeping during surgeries performed in areas such as the abdomen, chest or brain. Doctors also may recommend general anaesthesia for a long or complex surgery.

Intravenous (IV) monitored sedation is also known as “conscious sedation,” “twilight sedation” or “monitored anaesthesia care” (MAC). Doctors use a combination of IV sedation along with local or regional anaesthesia to make you more relaxed and comfortable but not totally asleep. It's mainly used for shorter, less complex surgeries like colonoscopies, biopsies, eye and foot procedures. After your procedure, you may not remember what happened but that's not true in every case. Patients receiving a smaller dosage may also still be able to talk with medical staff during their procedure.

Local anaesthesia involves numbing a specific part of the body to prevent pain during surgery or other procedures. It's often used for dental work — the dentist numbs only the part of your mouth where you need a filling or extraction.

Regional anaesthesia blocks pain in a larger part of the body, such as an arm or leg, or below the waist. The most common example is an epidural, which blocks pain around the uterus during childbirth.

### **Anaesthesia is very safe:**

This is true nowadays, but wasn't always the case. In the 1960s and 1970s, it wasn't uncommon to have a death related to anesthesia in every one in 10,000 or 20,000 patients, Now it's more like one in every 200,000 patients — it's very rare.

Now anaesthesia is safer today because of advances in both technology and medication.

Anaesthesiologists use a Pulse oximeter to ensure that the patient gets enough oxygen during surgery. It helps make sure the Endotracheal tube (breathing tube) used for General Anesthesia enter into the trachea (windpipe) and not into the esophagus — something which was more difficult to determine in the past.

Another thing anaesthesiologists watch for is Malignant hyperthermia. This is a rare reaction that some people have to anesthetic drugs that causes a high fever and can result in complications and even death. Anaesthesiologists are now better able to treat this. Thanks to enhanced awareness, avoiding triggering anesthetics, and better medication to treat.

With advances in electronic medical records today, providers now have more complete information easily accessible to improve patient care.

Monitoring has become less invasive and clinical decision support systems are more common, ensuring patients better care than ever.

### **Side effects are relatively minor:**

It's common to experience the following when the patient wakes up from anaesthesia: Nausea. A sore throat because of the breathing tube (for general anesthesia). Minor soreness at the injection site (for local or regional anesthesia). Mild pain or discomfort at incision or site of surgery.

Although most anaesthesia wears off fairly quickly, he/she may still feel groggy or have impaired judgment after surgery.

“We usually tell people not to make any major life decisions or drive a car or operate machinery for the first 24 hours after surgery,” A few patients, particularly elderly patients having longer surgeries, may exhibit memory problems, difficulty multitasking, or learning new things. This is temporary for most patients but for others these symptoms may persist for a few months after surgery.”

It’s unclear whether this condition is due to their exposure to general anaesthesia or the stress of surgery. But it’s for this reason that a regional or local type of anaesthetic is prescribed for elderly patients by their Physician Anaesthesiologist.

**There’s very little risk of paralysis from epidurals:**

In the past, people who had an epidural or spinal block had a risk of paralysis because of the anesthetic. The anesthetic was in glass bottles, and the staff cleaned those glass bottles in an alcohol-based solution, Alcohol can cause nerve damage. So if the alcohol leaked into the bottle, that could cause paralysis. Since bottles are no longer sterilized this way, that risk is gone.

**Don’t need to be afraid of waking up during surgery:**

Some people worry about being awake but paralyzed during general anesthesia. Anaesthesiologists use many strategies to prevent it.

Typically, the patient’s blood pressure and heart rate would go up before they would regain awareness. So we monitor those vital signs to guide the amount of anesthetic that we use.

If someone is extremely sick or was in a serious accident, vital signs are less reliable. And those who abuse drugs and alcohol are sometimes less affected by anaesthesia than others due to tolerance.

In those higher-risk cases however, anaesthesiologists carefully monitor brain waves to help make sure the patient stays asleep. This allows doctors to adjust the anaesthesia to maintain unconsciousness until the procedure is over.

There is no need to fear any medical procedure because of fear anaesthesia, Talking with doctor ahead of time will identify any risks and will guide the best type of anaesthesia for individual cases. No matter what procedure is going to be performed, there will be an entire team of knowledgeable anaesthesia medical professionals around, whose sole job is to take good care during surgery.

**Jai Hind**

**Jai Ayurved**

**Jai Sangyahan**

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