

# **INFORMATION ON ANAESTHESIA FOR BARIATRIC (WEIGHT REDUCTION) SURGERY**

## **Pre amble**

You are about to undergo bariatric (weight reduction) surgery. Your anaesthetist (a specialist doctor) plays a very important role in your care. Apart from provision of anaesthesia for your operation, he/she is involved in the pre operative planning for your procedure, and post operatively, in the provision of good analgesia (pain relief) and general care as required. Your health and safety are prime concerns in the planning and performance of your anaesthetic.

It is the purpose of this introduction to highlight some of the more important issues pertaining to anaesthesia for bariatric surgery. It is not a substitute for open face to face discussion, and having made your decision to go through with surgery, it is important to talk with your anaesthetist about any worries and concerns you may have, or any matters that are unclear to you. Satisfy yourself that you understand and feel comfortable with the proposed plan of management.

## **IMPORTANT ISSUES**

### **The Day of Surgery**

Prior to transfer to the operating room, you will receive an injection to induce mild drowsiness and another to thin the blood and reduce the chance of developing a post operative blood clot in the legs. In the operating suite, an intravenous line will be inserted in your forearm and through this you will receive a general anaesthetic. A second needle may be placed on the front of the wrist to accurately measure your blood pressure during the procedure. Be assured that your anaesthetist will remain with you at all times, until you are safely delivered to the recovery room or the intensive care unit, depending on the plan that has been made for your care after the operation.

### **After the Operation**

#### **A. Pain Relief (Analgesia)**

Pain is probably the greatest cause of anxiety for patients undergoing any form of surgery. Besides the "humanitarian" need to provide relief of pain, there is evidence to show that good analgesia leads to better results and a more stable post operative course. Blood pressure is often more stable, and the work of the heart and other vital organs is reduced. Relief of pain assists with breathing and coughing, and reduces the risk of chest infections. This particularly applies to overweight patients, whose breathing muscles are already challenged by the extra body mass.

Analgesia after the procedure is achieved by a combination of measures. These include injection of local anaesthetic into surgical wounds during the anaesthetic, and administration of powerful painkillers, along with agents to reduce inflammation. Patients undergoing gastric bypass or gastric sleeve procedures benefit from PCA (patient controlled analgesia), which involves the intravenous administration of powerful pain killing drugs, administered in small doses at the "push of a button" under the control of the patient. One simply has to remember that if pain is a problem, then push the button. Please ask for and read a copy of your hospital's own handout on this method of analgesia, when you are admitted for surgery.

You should be aware that complete absence of feeling is not to be expected. Rather, the aim is to keep the patient comfortable at rest, although the requirement to be "up and about" within a day after the procedure, means that at times, some breakthrough discomfort is likely.

## B. Breathing

Breathing is the means by which air is transferred to the lungs, allowing oxygen to enter the bloodstream. Following surgery, you will be strongly encouraged to engage in deep breathing and coughing. However, in some patients, the residual effects of anaesthetic drugs and muscle weakness, coupled with the additional demands created by excess body weight, means that occasionally their ability to breathe effectively might be impaired. This situation may continue for up to 24 hours after the procedure.

The likelihood of this occurring is often predictable, in which case your anaesthetist may choose to artificially assist your breathing for a period after the operation, in the hospital's intensive care unit. This is achieved by leaving in place the breathing tube that is inserted at the commencement of the operation. A machine is used to rhythmically blow air in and out of the breathing tube, mimicking normal breathing. All the while, the patient is kept in a state of twilight sedation, making this process very tolerable. When this therapy is no longer required, the sedation is ceased and the breathing tube is simply removed. Your anaesthetist will talk with you further if it is felt that this manner of therapy is necessary. However, it sometimes may be necessary to use this therapy after the operation when it may not have been planned beforehand.

## Side Effects of Anaesthesia

### The most worrisome to patients

Pain (see above)

Nausea and vomiting (emesis)

This potential side effect of surgery and anaesthesia causes unnecessary anxiety. These days it is the exception rather than the rule. However, if it occurs, it may be distressing to patients. Although complete absence of nausea and vomiting cannot be promised, a number of techniques are used to reduce the risk as much as possible.

1. Administration of a number of powerful anti emetic agents, chosen to act in different ways, and reduce the risk more so than single agent therapy.
2. Attention to analgesia (see above) to reduce or abolish the need for powerful analgesics, such as morphine, which make 1 in 5 people feel sick.
3. Adequate amounts of intravenous fluid.

### Others you should know about

Common: Sore throat, bruise from insertion of intravenous line

Less Common: Breathing difficulties, lip or tongue bruise

Uncommon: dental injury, DVT (blood clot deep in the legs)

Rare: Memory of intra-operative events, heart attack, stroke, life threatening allergy

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