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PATIENT INFORMATION SHEET

Background and Introduction

Your treating specialist for your upcoming procedure has deemed anaesthesia care necessary. Depending on the timing of your procedure I may be responsible for providing that care. I am a medically trained doctor and have undertaken specialty training in anaesthesia. After completing 6 years at Monash University and obtaining honours for my primary medical degree I did my internship at Monash Medical Centre. I then began basic physician training at the Austin Hospital and completed a further two years of subspecialty medical jobs before applying for and being accepted onto the Australian and New Zealand College of Anaesthetists 5 year training program. This training was undertaken at the Austin and its affiliates, Royal Children's Hospital, Mercy Hospital for Women and Monash Medical Centre. At the end of my training I travelled to the UK and worked for 2 years at Addenbrookes NHS Trust in Cambridge with further training in anaesthesia for liver transplantation and neurosurgery. I currently work as a Staff Specialist in Anaesthesia at Austin Health where I provide elective and emergency anaesthesia for complex patients scheduled for surgery in a variety of subspecialties including liver transplantation, hepatobiliary surgery, neurosurgery and thoracic surgery amongst others. In private practice I work predominantly at Warringal, Knox, Essendon, and Melbourne Private, providing anaesthesia for oral surgery, neurosurgery, orthopaedics, general surgery including bariatrics, endoscopy and cardiac catheter lab.

What to expect from your Anaesthesia

Anaesthesia is a vital component to modern surgery and is essential for the monitoring and preservation of vital body functions during the unconscious state. Your anaesthetist will meet you before your procedure and perform a preoperative assessment: determining amongst other things your significant medical conditions, medications, allergies and previous anaesthesia experience. Once in the procedure area your anaesthetist will insert an intravenous cannula and perform any other procedures that are deemed appropriate to provide you with safe anaesthesia. Your anaesthetist shall be in continuous attendance looking after you exclusively during and after your procedure until he judges you are safe to be handed over to the skilled care of the Post Anaesthesia Care Unit nursing staff.

Preoperative Instructions

Fasting – For morning procedures please fast from midnight the night before the procedure. For afternoon procedures please fast after a light early morning breakfast at 0600 hrs. Water can be taken in small amounts up until 3 hours before the procedure. Some procedures may carry specific fasting instructions including provision for carbohydrate drinks preoperatively.

Medications – Please take all your usual medications unless instructed otherwise by your treating specialist. Medications for diabetes mellitus or agents used to thin the blood such as aspirin, warfarin and clopidogrel require special advice so please discuss with your surgeon or proceduralist.

Risks of Anaesthesia

Anaesthesia is a very safe procedure. Australia is one of the safest places in the world to have anaesthesia and surgery. This safety is attributable to the extensive training required by your surgeon, your anaesthetist and the staff that work with them. However, nothing in life is without risk. Common problems with anaesthesia, which are generally not life threatening include a sore throat, nausea or vomiting and pain. Pain can be managed with medications or special local anaesthetic techniques. Less common risks include: damage to teeth; lung aspiration of stomach contents which may cause serious lung injury – this is why anaesthetists insist on fasting patients preoperatively; bleeding requiring blood transfusion. Serious risks are fortunately very rare: risk of death varies depending on general health but overall is approximately 1/80000; risk of serious allergic reactions range between 1/10000-1/20000; permanent nerve damage related to special techniques such as arm, spinal or epidural blocks ranges between 1/10000-1/150000. To take these risks into context, there is more chance of being involved in a serious car accident than a serious anaesthesia adverse event. Having said that, I will be happy to discuss any of your specific concerns before commencing your anaesthesia.

Anaesthetic Fees

A fee will be charged for your anaesthesia services.

You will be able to claim a rebate from Medicare and your private health insurance for your anaesthesia services. This rebate may not cover the entire fee for anaesthesia care.

My fees are currently set at between \$40-55 per RVG unit. This is a considerable discount from those set by the AMA/ASA (\$78 per unit). Further discounts may be offered for prompt payment or prepayment of out of pocket expenses.

Anaesthesia related out of pocket expenses vary between health funds.

Patients insured with Medibank or AHSA funds (eg. Aust Unity, Defence, CUA, GMF, Navy, Teachers, Transport...) may have lower out of pocket costs than those insured by funds only offering a “no-gap” product (eg. NIB). Please note that patients insured with funds that pay lower rebates for anaesthesia care will have higher out of pocket expenses (eg. Latrobe, GMHBA, Druids).

Common procedures and estimated out of pocket expenses (**if insured with Medibank or AHSA fund**) -

Minor general surgery (Hernia repair) – up to \$300.

Intermediate general surgery (Lap Chole, Lap Fundoplication) - \$200-500.

Major general surgery (Gastric/Pancreatic surgery, Liver resection, Bypass surgery) – \$500-1000.

ERCP – \$0-300

In an effort to minimise the expense of anaesthesia care, patients insured with funds offering a “no-gap” product only (eg NIB) may be asked to pre-pay the anaesthesia fee in the days leading up to their surgery.

Enquiries

If you have any queries with respect to the information provided in this leaflet please feel free to either ask questions at the time of the pre-anaesthesia consultation or contact me direct via the contact details listed on the header.