



Professor Laurence Weinberg

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Specialist Anaesthetist

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I will be your anaesthetist for your upcoming operation/procedure.

I work as the Director of Anaesthesia at Austin Health, which is a quaternary level university teaching hospital in Melbourne. My clinical and research expertise are focused on provision of anaesthesia for cardiac and thoracic surgery, major hepatobiliary-pancreatic surgery, including liver transplantation, and anaesthesia for complex vascular and abdominal surgery.

I have dual appointments as a Professor in the Department of Critical Care, The University of Melbourne, Austin Health, and in the Department of Surgery, Austin Health, The University of Melbourne.

In **private practice**, I work predominantly at **Warringal** and **Knox Private Hospitals**, and at **Epworth Healthcare** (Epworth Eastern, Richmond, and Freemason campuses).

Please read this leaflet carefully. It is important that you understand and take note of these anaesthesia-specific instructions. These guidelines, in addition to any instructions from your surgeon, will help you prepare for your operation in advance.

If you have any queries regarding your anaesthesia, do not hesitate to discuss these with me before the operation. If you would prefer, some matters may be discussed adequately over the telephone preoperatively, or you may request a referral from your surgeon for a formal preoperative anaesthesia consultation.

PREOPERATIVE FASTING

You will be **advised by your surgeon** when you must stop eating and drinking. Generally, **up until 2-hours prior to your operation it is completely safe for you to drink clear fluids**. You can SAFELY HAVE CLEAR FLUID UNTIL:

FOR MORNING CASES: You can drink clear fluid up until 05:30 of the morning of surgery

FOR AFTERNOON CASES: You can drink clear fluid up until 11:30 of the morning of surgery

FOR EVENING CASES: You can drink clear fluid up until 11:30 of the morning of surgery

By taking clear liquids, patients experience **less dehydration** on the day of surgery, have **fewer headaches** and **less nausea and vomiting** after the operation.

Clear fluids **must** be confined to i) Water ii) Black tea or black coffee (**NO** milk, sugar, sweetener, creamer) and iii) Clear apple juice

MEDICATIONS

Please bring all your tablets and a list of their names with you, so that they may be identified.

It is important to **take all your usual medications on the day** of the operation with a small sip of water.

There are some **EXCEPTIONS**, and you **MUST notify your surgeon** if you are taking the following medications:

BLOOD THINNING TABLETS

- **Blood thinning tablets. Aspirin can be continued. Other blood thinning** include Warfarin, dabigatran (**Pradaxa**), rivaroxaban (**Xarelto**), apixaban (**Eliquis**), edoxaban (**Savaysa**), clopidogrel (**Plavix**), ticagrelor (**Brilinta**) and Prasugrel (**Effient**). **These MUST be stopped 3 – 7 days before major surgery**. You will receive instructions from the surgeon.



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IF YOU ARE A DIABETIC PATIENT: PLEASE read these instructions carefully

ARE YOU TAKING A NEW CLASS OF DIABETIC MEDICATIONS CALLED “FLOZINS” OR SGL- 2 inhibitors”?

These MUST be stopped 3 days before surgery as they can impact adversely of your surgery

The SGL- 2 inhibitors are:

1. dapagliflozin (Forxiga, Qtern or Xigduo XR)
2. empagliflozin (Jardiance, Jardiamet or Glyxambi),

FOR ALL OTHER DIABETIC MEDICATIONS, CESSATION WILL DEPEND WHAT TIME OF THE DAY YOUR SURGERY IS SCHEDULED.

1. FOR MORNING CASES: ALL diabetic medications INCLUDING INSULIN should be OMMITTED ON THE DAY OF SUREGRY. PLEASE take ALL your diabetic medications the night before surgery (INCLUDING LONG-ACTING INSULIN) with your dinner. **YOU can eat a light meal up until midnight** the night before the surgery. YOU ARE ALLOWED **unrestricted clear fluids** (including clear apple juice) **until 05:30** of the morning of surgery. **A slightly high blood sugar level is very safe. Clear apple juice is allowed if YOUR blood sugar is low.** When in hospital, your blood sugar level will be checked before, during and after surgery.

2. FOR AFTERNOON CASES: ALL diabetic medications INCLUDING INSULIN should be taken as per normal with a light breakfast before 06:30. YOU ARE ALLOWED **unrestricted clear fluids (including clear apple juice) until 11:00 of the morning of surgery.** **A slightly high blood sugar level is very safe. Clear apple juice is allowed if blood sugar is low.** When in hospital, your blood sugar level will be checked before, during and after surgery.

3. FOR EVENING OR “TWILIGHT” CASES: You can have breakfast will all your normal diabetic medications INCLUDING INSULIN, **PLUS** you should have **light meals or snacks up until 11:30 of the day of surgery.** YOU ARE ALLOWED **unrestricted clear fluids** (including clear apple juice) **until 16:30 that afternoon.** **A slightly high blood sugar level is very safe. Clear apple juice is allowed if blood sugar is low.** When in hospital, your blood sugar level will be checked before, during and after the surgery.

If your diabetic control is poor or if you on complex diabetic formulations, we will ensure that a perioperative physician is also involved individualising care if you are having major surgery with an expected length of stay of more than 3 days.

GENERAL ADVICE

BEFORE YOUR SURGERY

- If a change in your physical condition develops prior to surgery, such as a cough, cold, fever, or other illness, notify your surgeon. **This is particularly relevant now due to COVID-19.**
- If you suspect you may be pregnant, please inform your surgeon or anaesthetist.
- Alcoholic beverages should not be consumed 24 hours prior to surgery.
- Try only have a light meal the evening before surgery: avoid “heavy” meals such as meat or chicken.
- Please refrain from smoking 24 hours before your procedure.



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BEFORE YOUR SURGERY (continued)

Arrange for a responsible person to drive and escort you home upon your discharge. In no instance should you drive yourself.

- The effect of residual medication may alter your alertness and coordination. If you plan to take a taxi home, a reliable adult should accompany you.

THE MORNING OF SURGERY

- You can bathe or shower the morning of your surgery.
- If you are undergoing cardiac surgery, additional instructions will be provided to you regarding showering.
- You may brush your teeth with a small amount of water.
- Leave valuables and jewelry at home.
- Remove all piercings.
- Wear comfortable, loose fitting clothing.
- Remove contact lenses if possible.
- Hair styling products with alcohol should be avoided.
- Nail enhancements: remove acrylics, wraps or polish.

Your anaesthesia care

Please **advise your anaesthetist**, before the operation if you have any:

- **Loose teeth, dental caps, crowns or special dental work.**
- Stiffness or fixation of any joints or limbs.
- **Allergies or sensitivities to food or drugs.**
- Any **problems** with previous **anaesthetics**.
- Any previous **medical problems**.

AFTER SURGERY

- Take only medications prescribed or approved by your surgeon or anaesthetist.
- If you have had a local anaesthetic block, part of your body may still be numb so take care not to injure this part.
- Refrain from driving a car or operating machinery for 24 hours.
- Avoid making important decisions, such as signing important documents for 24 hours.
- Drink fluids and eat lightly for 24 hours.
- Avoid alcoholic beverages for 24 hours.

Remember that a responsible adult should stay with you at home for at least 24 hours to assure your safety.

RISKS OF ANAESTHESIA

The level of training and expertise in Australia is equal to the best in the world. However, even in expert hands complications from medical procedures and anaesthesia can occur. Fortunately, serious complications are rare, but risks will be slightly higher if you have heart disease, lung disease, kidney disease or diabetes.



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Less common complications after anaesthesia that are not life threatening include: nausea and vomiting (10-20%), headache (10-20%), sore throat (10-20%) and dental damage (<1%).

More serious complications are fortunately very uncommon but can include allergic reactions (1:10 000), permanent nerve damage if you have had a major nerve block (1:10 000-20 000), awareness i.e. conscious awareness with explicit recall and pain (<1:3000), serious heart complications e.g. heart attack/failure (1:5000-10 000), serious lung problems e.g. pneumonia from stomach contents entering your lungs (< 1:3000), serious bleeding requiring transfusion (1:1000), stroke (1:5000-8000) and death (1:100 000).

Transoesophageal echocardiography (TOE): If you are undergoing cardiac or complex thoracic surgery, especially valve repair surgery, intraoperative use of TOE will be beneficial to help guide appropriate clinical decision making during your surgery. Intraoperative TOE can be beneficial and cost effective for patients undergoing extremely high-risk surgery as this monitoring device will allow additional information to be ascertained to help guide the anaesthesia. The use of TOE is very safe. Common risks and complications (more than 5%) include sore throat for a day or two afterwards. Uncommon risks and complications (1 - 5%) include damage to your teeth or jaw due to the presence of instruments in your mouth. Rare risks and complications (<1%) include esophageal perforation. This may need surgery to repair.

ANAESTHESIA FEES

A fee will be charged for your anaesthesia services. This fee will be determined by the nature and complexity of your operation, your age, general health, and any specific anaesthesia interventions that may be required during the operation.

1. **IF YOU ARE HAVING MAJOR SURGERY including cardiac surgery, complex thoracic or vascular surgery and hepatobiliary-pancreatic surgery, a fee of up to \$350 out of pocket will be charged as a co-payment for the provision of anaesthesia.** This fee is a considerable discount from those set by the Australian Medical Association and Australian Society of Anaesthetists.
2. **IF YOU ARE HAVING OTHER TYPES OF SURGERY including most laparoscopic procedures and hernia repairs, a fee of up to \$200 out of pocket will be charged as a co-payment for the provision of anaesthesia.** This fee is a considerable discount from those set by the Australian Medical Association and Australian Society of Anaesthetists.
3. **IF YOU ARE HAVING A MORE MINOR procedure under local anaesthesia and sedation including gastroscopy, bronchoscopy or ERCP, there will be minimal anaesthesia out of pocket expenses. A fee of <\$100 out of pocket will be charged.** This fee is a considerable discount from those set by the Australian Medical Association and Australian Society of Anaesthetists.
4. **No patient will EVER be denied anaesthesia care if they are under financial hardships. Please discuss this with our rooms at any time.**

More information about your anaesthesia can be obtained from
<http://www.asa.org.au> or www.emanaesthesia.com.au

If you require any further information, please feel free to contact my rooms at any point. I cannot always speak on the phone at short notice however I will certainly do so when free from operating theatre duties.

I look forward to meeting you and your family or support persons before your surgery/procedure.