Anaesthesia and bariatric surgery

Bariatric surgery is also called 'weight loss surgery', 'obesity surgery' or 'metabolic surgery'.

You're in good hands

Anaesthetists in Australia are highly trained medical specialists. After graduating from medical school and completing an internship, at least five more years are spent undergoing training in anaesthesia, pain management, resuscitation and the management of medical emergencies.

When you need to have bariatric surgery, preparation will help to ensure that the experience is a positive one.

The aims of this pamphlet are to:

- Provide you with basic information about anaesthesia for bariatric surgery
- Encourage you to ask questions of your anaesthetist
- Help you approach the planned procedure positively

The role of the anaesthetist

Your anaesthetist will want to know about you, your medical conditions and your previous experiences with anaesthesia. If you have a complex medical history, your anaesthetist may want to see you or talk to you before your admission to hospital. Your surgeon should be able to give you your anaesthetist's contact details. A health summary and results of investigations can provide valuable information for your anaesthetist and you should have them when you meet with your anaesthetist. These should be available from your local doctor.

Your anaesthetist will be concerned about potential difficulties in your anaesthetic management including possible difficulty in inserting intravenous cannulas, managing your airway, and monitoring your blood pressure.

All these can be more difficult in patients having bariatric surgery.

It is possible that you might need further tests and consultations with other specialists before your surgery. These may include further tests on your heart and lungs to get them in the best possible condition, or an assessment for sleep apnoea and, if present, treatment prior to your operation. Although these tests and investigations may delay your surgery, bariatric surgery is not emergency surgery, and having you in the best condition prior to surgery is crucial to a successful outcome and to your long-term health.

Your medications

Some medications may need to be ceased a number of days before surgery. Blood thinners (aspirin, warfarin and other agents like Plavix, Iscover, Pradaxa, Brilinta and Xarelto) and diabetic medication require special consideration and you should be given specific instructions about what to do with these medications. Other drugs, including regular medications used for the treatment of heart problems, blood pressure, reflux and asthma may be taken normally. If you are unsure, please speak to either your surgeon or your anaesthetist.

On the day

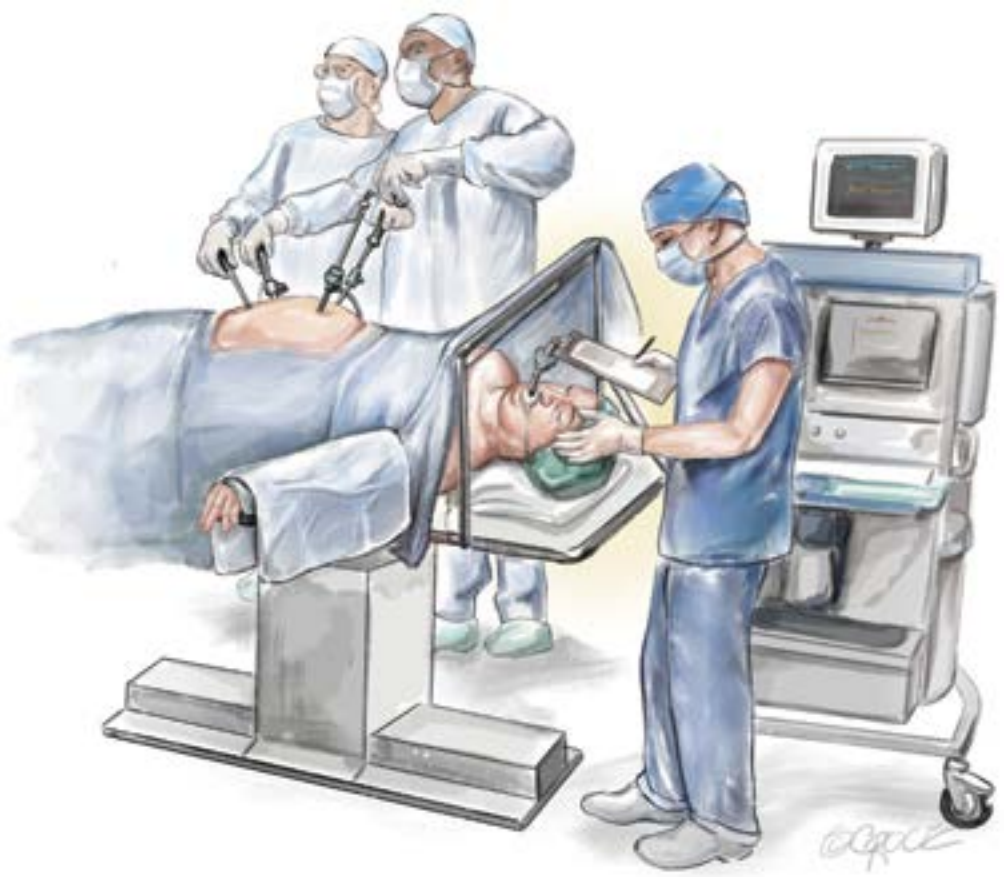
You will be given instructions as to which of your medications to take, and what you can eat and drink on the day of your operation. In general, you will be asked to avoid eating on the day but you will be allowed to drink clear fluid, e.g. water, up to two hours prior to surgery. This means your stomach will be empty of food but you will not be dehydrated.

Anaesthetic practices vary so please feel free to check with your anaesthetist.

Surgical techniques

Most bariatric surgery is performed 'laparoscopically' using special instruments that are inserted through small incisions in the abdominal wall. This is 'keyhole', or technically speaking, 'laparoscopic' surgery. For some patients, laparoscopic surgery may not be appropriate, and rarely, a laparoscopic approach will need to be converted to 'open surgery' with larger incisions due to technical problems.

You should discuss these issues with your surgeon.



What sort of anaesthesia?

You will have general anaesthesia for your surgery.

You may be given medication prior to the anaesthesia to reduce the acidity and volume of any fluid remaining in your stomach, and it is common to be asked to breathe through a close-fitting facemask to fill your lungs with oxygen. Sometimes a special high flow oxygen device is used via the nose. You may notice some pressure on your neck as you go to sleep. This is called 'cricoid pressure' and is used to safeguard against fluid from your stomach getting into your lungs at the start of the anaesthetic. After anaesthesia has commenced, your anaesthetist will place a tube through your mouth and into your trachea ('wind-pipe'). This procedure is 'intubation', and is used to control your breathing and to maintain your oxygen levels. It is recognised that intubation is more difficult in patients who have sleep apnoea. A difficult intubation will increase the risk of trauma to your lips, teeth, tongue, and vocal cords. Your anaesthetist will be taking as much care as possible during this process.

It may be necessary to place a small cannula in the artery at the front of your wrist to give accurate readings of your blood pressure during the anaesthetic. This is called an 'arterial line' and it measures your blood pressure every time your heart beats.

During your anaesthesia, you will receive painkillers, anti-nausea drugs and antibiotics (to prevent wound infections). You may also receive drugs to reduce the likelihood of blood clots (deep vein thrombosis).

At the end of the operation and as you wake up, the tube will be removed from your trachea and you will be transferred to the recovery room, where your anaesthetist, with recovery room staff, will continue to monitor your condition well after the surgery is finished to ensure your recovery is as smooth and trouble-free as possible.

After the surgery

You will feel drowsy for a little while after you wake up. You may have a sore or dry throat, feel nauseous 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're fully awake and comfortable will you be transferred either back to your room or ward.

'Keyhole' bariatric surgery does not usually require strong pain-relieving medicine (such as morphine) for postoperative pain relief, but they will be available should you need them. Less strong pain relievers such as paracetamol and anti-inflammatory drugs are routinely used.

If 'open surgery' has been necessary, your anaesthetist may offer you other options for post-operative pain relief. 'Patient Controlled Analgesia' (PCA) is commonly used. PCA allows you to safely self-administer stronger pain-relieving medicine into the drip by activating a button. This will be discussed when you meet your anaesthetist.

Nausea and vomiting are not uncommon after bariatric surgery. Anti-nausea drugs will likely have been given during the anaesthesia, and can be repeated after you have woken. If you have had difficulties in the past with nausea and vomiting, please let your anaesthetist know.

Anaesthesia – the risks and complications

Australia is one of the safest places in the world to have an anaesthetic.

Nevertheless, some patients are at an increased risk of complications because of pre-existing health problems such as heart or respiratory disease, diabetes or obesity, their age and/or because of the type of surgery being done.

Some complications include bruising, pain or injury at the injection site, fatigue, altered mental state, headaches, sore throat or sleep disturbance. Patients may experience other complications such as damage to teeth, the mouth, breathing problems, muscle pains and discomfort, though these occurs less frequently.

There are also some very rare, but serious complications including: severe allergic or sensitivity reactions, heart attack, stroke, seizure, brain damage, kidney or liver failure, lung damage, pneumonia, permanent nerve or blood vessel damage, eye injury, damage to the larynx (voice box) and vocal cords, and infection from blood transfusion.

Remember that the risks of these more serious complications, including death, are quite rare but do exist.

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

Major complications with anaesthesia for bariatric surgery are uncommon when anaesthesia is administered by a specialist anaesthetist.

Further information

If you require further information please contact your anaesthetist. If you don't know your anaesthetist's name, contact your surgeon.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: www.asa.org.au

Australian Society of Anaesthetists
PO Box 76, St Leonards, NSW 1590, Australia
1800 806 654 | asa@asa.org.au | ABN 16 095 377 370 | asa.org.au

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