

and after surgery. At a minimum, a person extensively trained in the delivery of anesthesia should be involved. If that person is not a physician, then a physician should directly supervise your anesthesia care. You will have the opportunity to talk with the person giving you your anesthesia on the day of your surgery.

- ✓ **What kind of anesthesia will I receive?** Your anesthesia needs are determined by your medical condition as well as by the type of operation you will have. Your anesthesiologist will discuss your anesthetic care with you before the surgery.
- ✓ **How long is the surgery expected to last?** This depends mostly on the nature of the surgery and is best answered by your surgeon.
- ✓ **How will I be monitored during the surgery, and by whom?** Blood pressure, pulse rate, EKG and oxygen levels are some of the important vital signs that the anesthesiologist monitors during your surgery. If an anesthesiologist is not involved, there should be a qualified individual monitoring your vital signs.
- ✓ **What emergency procedures are in place in case there's a serious complication?**
A doctor's office should have the necessary emergency drugs, equipment and procedures in place to care for you in the rare event of a life-threatening complication. Anesthesiologists have the specialized medical training to anticipate and treat anesthesia-related complications. In rare instances, serious complications may require that you are transferred to a local hospital.
- ✓ **Who will monitor my recovery after the surgery, and for how long?** According to the guidelines of the American Society of Anesthesiologists, all phases of anesthesia, including recovery, should be supervised by a physician. Many doctors' offices have experienced nurses to assist you in your

recovery. Personnel with training in advanced resuscitation techniques should stay in the office until you are discharged.

- ✓ **Would the surgeon be permitted to perform this same surgery in a hospital?** These guidelines also state that doctors should perform only those surgeries in their offices that they are qualified to perform in a hospital.
- ✓ **Are doctors' offices licensed or accredited to do surgery?** Many states require licensing or accreditation by a recognized agency. These agencies regularly inspect such offices to ensure that minimum standards of patient care are met. Ask your doctor if his or her surgical office has been accredited.

BE AN INFORMED CONSUMER!

There may be times when a person is not a good candidate to have surgery in a doctor's office. For example, people with severe chronic diseases like heart conditions, lung problems or diabetes may be referred to a hospital or outpatient surgical center where their specific medical conditions can be managed better.

As with any health care matter, it helps to be informed and aware before undergoing an office-based surgical procedure. Office-based surgery can offer needed medical care in a convenient, comfortable and affordable environment. It is important that the patient be involved in the planning and delivery of their care.

Obtaining answers to the above questions will help to assure that you receive safe, high-quality care tailored to your individual needs.

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ANESTHESIA & YOU...

Office-Based Anesthesia and Surgery

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Doctors are doing more than just checkups in their offices these days. Advances in medical technology have made it possible for physicians to perform more advanced and more complex surgical procedures in their offices.

Whether it's a tummy-tuck or a biopsy, every surgical procedure performed in a doctor's office involves some form of analgesia or anesthesia to make the surgery painless. Some office-based procedures might even involve general anesthesia that provides total loss of consciousness.

Office-based surgeries can be very different from surgeries performed in a conventional hospital or ambulatory surgical center. If you or a family member plans to have surgery in a physician's office, you should know what to expect and what questions you should ask in advance. This brochure will help you to be more informed about office-based anesthesia and surgery.

WHAT IS OFFICE-BASED ANESTHESIA?

There are three places where anesthesia is administered for surgery:

- in a *hospital or medical center*,
- in an *ambulatory surgical center* or
- in a *doctor's office*.

Sometimes called ambulatory anesthesia, special medications and techniques are used when a patient is expected to go home as soon as possible on the same day of the surgery. Office-based surgery, thus, is a form of ambulatory anesthesia.

Since most patients want to avoid an overnight hospital stay after surgery, ambulatory surgical procedures have become very popular. That's why almost one-half of all surgeries are now being done in an outpatient facility, either connected to a hospital or in a separate surgical center. More recently, though, there has been a growing trend for surgery to be done right in a doctor's office. Office-based surgery can offer the convenience of having a procedure done in a more comfortable setting and with a quick return home.

The same anesthetic techniques used in hospitals and ambulatory surgical centers are used in office-based surgery. They include:

- *Local Anesthesia*, which provides numbness to a small area of the body, such as a dermatologist might use to numb the skin around a mole before removing it.
- *Monitored Anesthesia (Sedation/Analgesia)*, during which a patient receives medications that relieve pain and make the patient drowsy. During surgery, the patient's vital signs, including heart rate, blood pressure and oxygen level, will be watched closely in order to avoid sudden changes or complications.

- *Regional Anesthesia*, which can include **spinal blocks, epidural blocks** or **extremity blocks**. Spinal and epidural blocks involve interrupting sensation from the legs or abdomen by injecting local anesthetic medication in or near the spinal canal. Other blocks can be performed for surgery on your extremities, or limbs, blocking sensations from the arm or leg.
- *General Anesthesia*, which involves the total loss of consciousness, pain sensation and protective airway responses.

Patients undergoing office-based procedures will be asked to follow precautions similar to those in a hospital or an ambulatory surgical center. For example, patients may be asked to not eat or drink anything for several hours before the surgery, and they may be advised to arrange for a responsible adult relative or friend to drive them home after surgery.

WHAT KINDS OF SURGICAL PROCEDURES ARE BEING PERFORMED IN PHYSICIANS' OFFICES?

From the simple removal of a mole to breast augmentation/reduction, liposuction, hernia repairs or knee arthroscopies, a rapidly growing number of surgeries are being performed in doctors' offices rather than in hospitals or ambulatory surgical centers. More complex procedures are likely to become common in the near future.

HOW COMMON IS OFFICE-BASED SURGERY?

If you have surgery in a doctor's office, you certainly will not be alone. By the year 2005, an estimated 10 million procedures will be performed annually in doctors' offices – twice the number of office-based surgeries performed in 1995.

Although 70 percent of surgeries are currently performed in hospitals or ambulatory surgical centers, the trend toward office-based surgery is growing at least as fast as the trend toward ambulatory surgery grew a few years ago. Today, about one out of 10 surgeries are performed in a doctor's office.

WHAT MAKES OFFICE-BASED ANESTHESIA DIFFERENT?

There is one fundamental and very important difference between office-based anesthesia and receiving anesthesia in a hospital or surgical center: The strict, well-defined standards and regulations that help keep surgery and anesthesia very safe in hospitals and surgical centers do not uniformly apply to physicians' offices in the United States.

Currently, only a few states and the District of Columbia require the same standards and regulations in doctors' offices as they do in hospitals and surgical centers. Without minimum safety standards, however, there is a chance that office-based surgery may be taking place in environments with limited or outdated equipment, few or no emergency resources, inadequately trained staff or insufficient safety precautions.

This absence of standards and regulations, however, does not mean that the medical community is ignoring the needs of patients. In fact, the American Society of Anesthesiologists (ASA) has developed comprehensive guidelines for office-based anesthesia and is urging states to adopt these same guidelines as regulations to protect all patients.

During the past 20 years, anesthesia-related deaths have dropped dramatically from one in 10,000 anesthetics delivered to one in 400,000 for outpatient procedures, due to the constant efforts of anesthesiologists to make patient safety their highest priority. Today, more than 90 percent of all anesthetics in hospitals and ambulatory surgical centers are directly administered or medically supervised by anesthesiologists. Anesthesiologists are also actively involved in designing guidelines and regulations to ensure patient safety in office surgery situations.

In considering your options when surgery is advised, here are some questions you should ask before undergoing surgery in a doctor's office:

- ✓ ***Who will be providing my anesthesia, and has this person been trained to give anesthesia?*** Ideally, anesthesia should be delivered or supervised by an anesthesiologist who, as a physician, is medically trained to evaluate your health needs, decide whether you are a good candidate for surgery in an office setting and then determine what medications are best for you before, during