

LIFE&TIMES **WOMEN**

Merciful sleep

The role anaesthesiologists play during a surgery is, sadly, often underestimated, writes **Aneeta Sundararaj**

IMAGINE ...you're going in for surgery. You'll be awake throughout the procedure and the only options available to numb the pain are alcohol or a drug like opium. Either choose these options or be strapped down to the operating table.

Traumatising? Well, these were the only options available to patients prior to the 19th Century.

Then, on Oct 16, 1846, Dr William Thomas Green Morton, a dentist in the United States, used ether (a clear liquid that is used as a solvent or for making people unconscious) to render a patient unconscious before surgery.

"Anaesthesia became one of the greatest inventions in history. Now we can offer pain-free options for patients."

Datin Dr V. Sivasakthi, president of the Malaysian Society of Anaesthesiologists related the history of anaesthesia, adding "now, we make it a point to celebrate World Anaesthesia Day, on Oct 16 each year."

Derived from the Greek word "an-aisthesis" meaning "without feeling", there are three broad types:

- General anaesthesia — you will be rendered unconscious and need external breathing support
- Regional anaesthesia — a large part of the body is made senseless, and
- Local anaesthesia — a small part of your body is made numb.

INVISIBLE HAND

"Because we work mainly inside the operating theatres, many people don't know we exist. Some even think we're technicians or paramedics," laments Associate Professor Datin Dr Norsidah Abdul Manap, deputy president of the College of Anaesthesiologist.

"Actually, we first go through medical school. Then follows two years of internship, and then, three years of medical officer training. After that, we start to train in anaesthesia. This takes another four years."

Since 2008, a patient has been required to sign an anaesthetic consent form. "It comes in four languages and is a basic fact sheet that highlights the potential side effects of general and regional anaesthesia.



Datin Dr Norsidah (left) and Datin Dr V. Sivasakthi make it a point to celebrate World Anaesthesia Day each year. PICTURE BY ROHANIS SHUKRI

"People often think that they will never wake up from anaesthesia. Today, anaesthesia is 50 times safer than it was in the early 1980s."

Datin Dr V. Sivasakthi

It also gives us a chance to interact with the patient and explain what we do," she says.

"We look after him as a whole. We also explain how we're the people who will monitor his vital functions throughout the surgery, making sure he's well-anaesthetised, and administer pain relief so that when he wakes up, he is comfortable. In the recovery room, we will watch over a patient to ensure he's stable."

Such interaction with the patient has proven to be effective as the patient is given the opportunity to raise any concerns he may have and the anaesthesiologist is able to conduct a more thorough assessment of the patient.

BRANCHING OUT

Today, anaesthesiologists are not confined to the operating theatre. Indeed, they can be involved in other branches of this field which include treatment of pain, care of very ill patients (intensive care) and also, emergency care (resuscitation).

"We now have sub-specialities that range from paediatric anaesthesia, obstetric anaesthesia and cardiovascular anaesthesia to neuroanaesthesia, regional anaesthesia and transplant anaesthesia," says Dr Norsidah.

Both doctors admit that one of the main concerns many patients have about anaesthesia is its safety. "People often think that they will never wake up from anaesthesia. The thing is, safety is always our highest priority. Today, anaesthesia

is 50 times safer than it was in the early 1980s," says Dr Sivasakthi.

She insists: "No doubt, there are risks, but we will always assess the patient thoroughly before any surgery. If I am in doubt, I will say that in the best interest of the patient, the surgery cannot proceed."

The kind of situations where you may not be fit for surgery are manifold, like when you have the flu or suffering from heart failure.

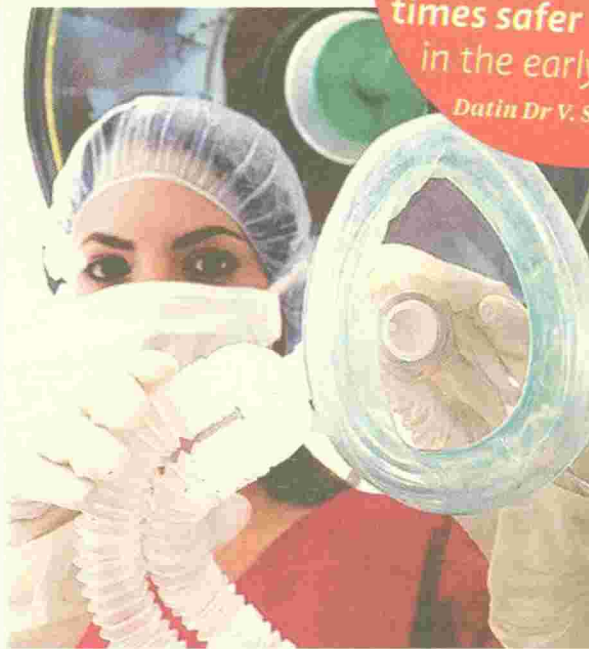
SIDE EFFECTS

Minor side-effects and complications from anaesthesia are more common compared to serious ones. For instance, a patient may be nauseated, shivering or drowsy, or have a sore throat or aching muscles. Serious problems may involve strokes, kidney dysfunction, allergic reactions and breathing difficulties.

If you're going in for surgery, there are a few things you can do to help yourself. For instance, you will probably be asked to fast for at least six hours before the surgery. This is to reduce the risk of vomiting or having food enter your lungs during anaesthesia.

If you smoke, stop. This will help improve your blood's ability to carry oxygen during anaesthesia and surgery.

These doctors' dedication for their profession is evident when Datin Dr Sivasakthi remarks: "Anaesthesia is a potpourri of sorts. It allows me to use my medical knowledge and practice all the skills I've been trained for. I feel exhilarated when I'm working."



Ways to achieve the merciful sleep before a surgery

