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More patients stay awake for serious surgery with regional anaesthesia

About one third of patients having operations at many major hospitals are minimising or avoiding the complications of a general anaesthetic, and having better pain control, by having a regional anaesthetic.

Regional anaesthesia, which numbs only the part of the body being operated on, is the theme for this year's National Anaesthesia Day, which falls on Monday October 17. Many patients are awake for surgery under regional anaesthesia and are able to talk to their anaesthetist and other theatre staff. Or they can have general anaesthesia as well, leaving them unconscious and unaware.

A regional anaesthetic involves an injection around the nerve bundles that control a particular area of the body; for example, for hand and arm surgery, the injection is around a nerve bundle in the shoulder. Many mothers having caesarean sections have a regional anaesthetic around the spinal cord.

The health benefits of regional anaesthesia are:

Good pain control: Regional anaesthesia makes the affected part of the body numb to pain, and can be continued for some time after surgery, offering pain relief afterwards. Regional anaesthesia can sometimes help prevent the development of chronic pain after surgery – a regional block now can mean less pain later. (Currently, one in 10 patients who have major surgery develop chronic pain afterwards).

Less stress on the body: Research suggests that surgery under regional anaesthesia helps preserve the immune system, which might help protect the body's ability to heal wounds and fight cancer. Researchers are investigating whether women who have breast cancer surgery with regional anaesthesia suffer fewer recurrences of the cancer.

Faster recovery: When there is less pain, and fewer painkillers, patients can move around sooner, eat and drink sooner, and go home sooner.

Fewer side-effects: Regional anaesthesia given alone cuts out the risks of general anaesthesia, which can include stresses on breathing or the heart, allergic reactions, and vomiting afterwards. If given with a general anaesthetic, it means a lighter general anaesthetic can be given – also reducing risks. If continued after surgery, it means fewer opioids for pain relief – which means less nausea, constipation and fuzzy-headedness.

Regional anaesthesia is thought to be less of a challenge to the body for the very old, the very young and the very ill. It can be safer for patients with obesity or lung disease. But it is not for every patient and every procedure. Patients are encouraged to talk to their anaesthetist about what would be best for them.

Television quality video footage is available to accompany news reports/ interviews on regional anaesthesia for National Anaesthesia Day. This includes:

- Vision of an Australian patient being given a regional anaesthetic in theatre (with the anaesthetist using ultrasound to find the nerve bundle and talking the patient through the process).
- A different patient talking about what it was like to be awake during surgery with a regional anaesthetic.
- The president of the Australian and New Zealand College of Anaesthetists, Professor David A. Scott, explaining regional anaesthesia.

Professor Scott is also available for live or pre-recorded studio interviews.

For more information or to request interviews, please contact ANZCA's Australian Media Manager Karen Kissane on +61 408 259 369, +64 3 8517 5303 or kkissane@anzca.edu.au.