

Pre-Anesthesia Consultation Clinic (PACC)

PATIENT INFORMATION GUIDE



YOUR SAFETY FIRST

As part of Cleveland Clinic's safety initiative, you will be asked several times during your preoperative visit to verify your name, date of birth, surgical procedure and surgical site. This ensures we have the correct patient, and perform the correct procedure on the correct surgical site. You may also

be asked questions that other departments have already asked. Please keep in mind that we interpret your answers slightly differently from other departments, as we are evaluating each patient from an anesthesia standpoint. One of our goals is to determine if you will be able to safely undergo anesthesia. We repeat this questioning to ensure your safety during your surgical experience.



Preoperative Checklist. Patient instructions prior to surgery.

- You may drink small amounts (up to 12 ounces) of clear liquids until two hours prior to your scheduled arrival time for surgery.
- If you are prescribed inhalers for breathing, bring them to the hospital.
- Indicated medications are to be taken on the morning of surgery with water.
- Unless you are told differently, stop these medications seven days prior to surgery:
 - NSAIDs (Motrin®/ Ibuprofen®/ Naproxen/ Aleve®/ Advil®)
 - Aspirin
 - Vitamin E
 - Herbal medications
 - Diet pills
 - Other over-the-counter medicines
- If you are taking any of the these blood-thinning medications – Aspirin, clopidogrel (Plavix®), ticagrelor (Brilinta®), prasugrel (Effient®), ticlopidine (Ticlid®), warfarin (Coumadin®), dabigatran (Pradaxa®) or rivaroxaban (Xarelto®) – please discuss with your surgeon and the physician who prescribes the medication whether or not you should stop them before surgery. If this conversation did not occur during your preoperative visit, please contact your surgeon. Notify your cardiologist or primary care physician about any changes to these medications.
- If you stopped taking blood-thinning medication, ask the surgeon when to resume taking it.
- Do not take diabetes medication (pills) on the morning of surgery. If you are on insulin, someone will have reviewed instructions with you prior to the morning of surgery.

Prior to your surgical procedure, your surgeon may schedule you for an appointment in the Pre-Anesthesia Consultation Clinic (PACC). PACC is led by a board-certified physician anesthesiologist and advanced practice providers and is supported by registered nurses, licensed practical nurses and medical assistants.

Our primary goal is to provide the safest possible anesthesia by making sure that all of your medical issues have been addressed before your procedure.

ANESTHESIA: WHAT YOU NEED TO KNOW.

Anesthesia is the use of medication to cause a lack of awareness during surgery or a procedure. Below is a brief explanation of the different types of anesthesia that may be discussed with you during your PACC visit.

Monitored Anesthesia Care (MAC) – This type of anesthesia is frequently referred to as “twilight” anesthesia. Many have experience with this type of anesthesia when they have had a colonoscopy. It uses sedatives and pain medications given through an IV to create a relaxing and comfortable sensation during the procedure. The patient is sedated but not unconscious and is breathing on their own.

General Anesthesia – The primary goal of general anesthesia is to provide a complete lack of awareness and pain sensation during a surgery or procedure. General anesthesia is when you are made unconscious for a surgery or a procedure with the use of medications. After you are asleep, a breathing tube may be placed and connected to a ventilator to help you breathe during the surgery. Once the surgery is complete, the breathing tube is removed before you are fully awake. (When the breathing tube is used, you may have a sore throat after the procedure and over-the-counter treatment, similar to what you use for a cold, is all that is needed.) The anesthesia care team will closely monitor your blood pressure, heart rate, oxygen saturation in your blood and your brain activity during the surgery. It is important to tell caregivers before your surgery if you or anyone in your family has ever had any problems with anesthesia.

Regional Anesthesia – Regional anesthesia is when the nerve supply to the part of the body where the surgery is being performed is blocked with a local anesthetic so no pain is felt. The most common example of this type of anesthesia is what we all have experienced at the dentist’s office when they numb your mouth before a procedure. The types of regional anesthesia that may be used for surgery include spinal, epidural or peripheral nerve blocks. Regional anesthesia can be used by itself with no other medication, but frequently it is combined with sedative drugs to make you relaxed or sleepy during surgery (MAC anesthesia). For pain relief after surgery, regional anesthesia is sometimes used in addition to a general anesthetic.



Types of Regional Anesthesia

Epidural/Spinal – Spinal and epidural anesthesia are usually used for surgeries involving the lower part of the body. Examples include total hip and knee replacements, open prostatectomy, lower extremity bypass surgeries and urological and gynecological surgeries. This type of anesthesia involves injecting a drug into the patient's back to numb the lower half of the body. A spinal anesthetic is a single injection of medication while an epidural is a tiny tube placed in the back through which local anesthetics are given before, during and after the surgery. Depending on the type of surgery you are having, the epidural may also be used for pain relief following surgery.

Nerve Blocks – This type of anesthesia is used to block the feeling of an arm, hand, shoulder, leg or foot. While nerve blocks can be used as the only anesthetic, they are frequently combined with MAC or a general anesthetic (see previous page). In addition, they are helpful in providing pain relief after surgery. Nerve blocks are usually done before you go back to the operating room, but sometimes are done in the operating room before the start of the surgery. A small ultrasound machine is used to visualize the nerve or group of nerves around which the local anesthesia will be placed. A one-time injection of local anesthetic is usually all that is needed for the majority of surgeries. The “blocked” area will remain numb for 12 to 18 hours depending on how quickly your body eliminates the local anesthetic. For larger surgeries where longer pain relief is needed, a tiny tube (a catheter) can be placed around a specific group of nerves and a continuous flow of local anesthesia can be given to provide days of pain relief. One of the side effects of the nerve block is that you will not be able to move that extremity until the block resolves. Remember, the same nerves that transmit the sensation of feeling also transmit the signal to make your muscles move. Finally, medications will be given to you through your IV prior to the block so that you will be comfortable and sleepy while the block is being performed.



During your PACC appointment, our team will:

- Gather information about your medical, surgical and anesthesia history
- Educate you and your family members regarding anesthesia and post-operative pain control options
- Answer any of your questions about your anesthesia and help decrease some of your concerns regarding anesthesia
- Offer methods to optimize your health so that you can be best prepared for your surgery

A member of the PACC team will review your past medical and surgical history, any tests you may have had done (blood studies, EKG, echocardiogram, stress test, etc.) and your prior experiences with anesthesia. This information will be reviewed and helps determine if any further testing or evaluations are needed prior to your surgery.

During your PACC visit we will discuss anesthesia options, which are based upon your individual needs, the type and length of surgery, and your past medical and surgical history. The type of anesthesia you receive will ultimately be decided on the day of your surgery when you meet with your anesthesia care team outside the operating room.

Anesthesia and Smoking. As a part of optimizing a patient to undergo anesthesia, the PACC department has placed a strong emphasis on smoking cessation. Smoking cessation prior to surgery has shown to aid in wound healing as well as decreasing respiratory complications during and after your surgery. We want to help facilitate this process for you if you are in need of assistance with becoming smoke-free. For assistance on quitting smoking, please contact **Cleveland Clinic's Tobacco Treatment Center** at 216.444.8111 or visit clevelandclinic.org/tobacco.



PREPARING FOR YOUR SURGERY

Eating and Drinking. Do not eat anything, including gum, mints or candy after midnight on the night before your surgery. Unless you are instructed otherwise, you may drink small quantities (up to 12 ounces) of clear liquids such as water, black coffee/tea (no creamer or milk) or Gatorade® up until two hours before your arrival time for surgery.

Smoking. It is strongly encouraged that you stop smoking. This will reduce your risk of respiratory and anesthesia complications after your operation. You may want to speak with your primary care physician about smoking cessation programs and ask your physician for the Smoking Cessation Booklet. Contact the Cleveland Clinic Tobacco Treatment Center, 216.444.8111, for assistance on quitting smoking.

Alcohol. Drinking alcohol can greatly affect the outcome of your surgery. Do NOT consume alcohol the day of your surgery.

Medications. Bring with you a list of all prescribed and over-the-counter medications you take, including dosage and strength. Do NOT bring your medications to the hospital. You will receive instructions about which medications to take on your day of surgery. If you are advised to take your medications, take them with a small amount of water and inform the anesthesiologist or nurse of what you took on the day of surgery.

Patients with Diabetes. On the morning of surgery, do not take your diabetes medication. If you are on insulin, someone will go over those instructions for the morning of surgery. If your arrival time is after 9 a.m. or you are not feeling well, immediately notify the check-in personnel that you are an insulin dependent diabetic. Also, if you take insulin and need to take bowel prep the day before surgery, check with your medical doctor about insulin doses.

Patients with Asthma. You should use your inhaler the morning of surgery and bring it with you to the hospital. If needed, you may use your inhaler as directed by our physician.

In case of Illness: If you develop a cold, persistent cough, sore throat, fever or any other illness within two days of surgery, notify your surgeon.



AFTER YOUR SURGERY

You will be taken to the recovery area when your surgery is complete. During that time your surgeon will talk with your family members.













Your recovery time will depend upon the type of procedure you have undergone and the anesthesia used. Some patients need more time and some need less time to recover.

Pain Management

Effective pain management is an important part of your care. Every effort is made to minimize your pain; however it is normal to experience some discomfort following surgery. Communication of unresolved pain is necessary to make you as comfortable as possible. You will be asked about your level of pain upon admission, and this will continue throughout your stay. You will be asked to “rate” your pain on a scale from 0-10. “0” being no pain at all, “5” being moderate pain, and “10” being the worst possible pain. This score will be used to select the correct pain medicine to treat your pain. This is all done in an effort to maximize your pain management. The doctors and nurses will ask you how the pain medicine is working and adjust it as needed.

Pain Facts:

- Pain is different for everyone.
- Treating pain early usually brings quicker and better results.
- Healing occurs faster when pain is under control.
- Pain affects blood pressure, heart rate, appetite and general mood.
- Pain may be sharp, dull, stabbing, cramping, throbbing, constant, on and off, etc.

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| 0 Pain Free | 1 Very Mild | 2 Discomforting | 3 Tolerable | 4 Distressing | 5 Very Distressing | 6 Intense | 7 Very Intense | 8 Utterly Horrible | 9 Excruciating Unbearable | 10 Unimaginable Intolerable | |
| No Pain | Minor Pain | | | Moderate Pain | | | Severe Pain | | | | |
| Feeling perfectly normal | Nagging, annoying, but doesn't interfere with most daily living activities. Patient able to adapt to pain psychologically and with medication or devices such as cushions. | | | Interferes significantly with daily living activities. Requires lifestyle changes but patient remains independent. Patient unable to adapt to pain. | | | Disabling; unable to perform daily living activities. Unable to engage in normal activities. Patient is disabled and unable to function independently. | | | | |



PACC CONTACT INFORMATION

Scheduling Office: 216.444.6612 | 8:00 a.m. – 5:00 p.m.

To best accommodate our patients and their needs, Cleveland Clinic offers 14 PACC offices, conveniently located in Northeast Ohio:

- Avon Ambulatory Surgery Center (*Opening soon*)
- Beachwood Family Health and Surgery Center
- Elyria Family Health and Surgery Center
- Euclid Hospital
- Hillcrest Hospital
- Lorain Family Health and Surgery Center (*Opening soon*)
- Lutheran Hospital
- Marymount Hospital
- Medina Hospital
- South Pointe Hospital
- Strongsville Family Health and Surgery Center
- Twinsburg Family Health and Surgery Center
- Westlake Medical Campus
- Wooster Family Health and Surgery Center