answer your questions about the surgery and anesthesia. Be sure to talk about any medical problems you have, such as heart disease, diabetes or asthma, and discuss all your medications and whether you've had memory and thinking problems after having anesthesia in the past. Using this information, your physician anesthesiologist may choose certain anesthesia medications over others to reduce your risks.

During surgery — The physician anesthesiologist will lead the Anesthesia Care Team that manages your pain control and closely monitors your anesthesia and vital body functions during the procedure. Your physician anesthesiologist will manage medical problems if they occur during surgery, as well as any chronic conditions you have such as asthma, diabetes, high blood pressure and hear t problems.

After surgery — Ask your caregiver, family member or someone who knows you well to pay close attention to your physical and mental activity after your surgery, and report anything troubling to your physician anesthesiologist or other physicians. Also, be sure to talk to your physician anesthesiologist before you resume taking medications after surgery. Some may affect your nervous system, such as medications for anxiety, seizures, muscle spasms and difficulty falling asleep.

Contact information

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Anaesthesia for Seniors





We Care Together!



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Age may bring wisdom but it also brings a greater chance of developing health problems, some of which might require surgery. Being older also affects the way your body reacts to surgery and anesthesia. Half of all people 65 and older will have at least one surgical procedure in their lifetime. If you're one of them, you should know about the anesthesia options available to safely and effectively control your surgery-related pain.

What types of Anaesthesia are available?

The four main types of anesthesia used during surgery are:

Local anesthesia — This is usually a one-time injection of medicine used to numb a small area for a procedure such as having a mole or skin cancer removed.

Regional anesthesia — Pain medication to numb a larger par4t of the body, such as the area below the waist, may be provided through an injection or a small tube called a catheter. You will be awake, but unable to feel the area that is numbed. This type of anesthesia is often used for childbirth and for surgeries of the arm, leg or abdomen.

Monitored anesthesia care or intravenous (IV)

sedation — The physician anesthesiologist will provide medication that will relax you through an IV placed in a vein. Depending on the procedure, the level of sedation may range from minimal – making you drowsy but able to talk – to deep, meaning you probably won't remember the procedure. This type of anesthesia often is used for minimally invasive procedures such as colonoscopies. IV sedation is sometimes combined with local or regional anesthesia.

General anesthesia — This type of anesthesia is provided through an anesthesia mask or IV and makes you lose consciousness. A physician anesthesiologist monitors the anesthesia and your breathing, heart rate and other bodily functions throughout your surgery. It is usually used for major operations, such as a knee replacement or open heart surgery.

There are several ways to manage pain or soreness you may have after your surgery, including medications you can take by mouth or through a vein. If you have an IV, you may be able to manage your pain by pressing a button on a pump to deliver the amount of medication you need. If you had regional anesthesia during your surgery, the catheter might be left in place so you can continue to get pain relief.

Do the risks of Anaesthesia increase in older adults?

Being older can increase your risk for some side effects from monitored sedation or general anesthesia. One concern is that the aging brain is more easily affected by medications. Two anesthesia-related side effects more common in older individuals are: Postoperative delirium — After surgery, you may become confused, have problems remembering things or focusing, or be unaware of your surroundings. This delirium can come and go and usually disappears after about a week.

Postoperative cognitive dysfunction (POCD)

— This is a more serious condition that can cause long-term memory loss as well as a decreased ability to learn, concentrate and think. Certain conditions increase your risk for POCD and it's important to discuss them with your surgeon and physician anesthesiologist so they can take steps to minimize the risk. These conditions include heart disease (especially congestive heart failure), lung disease, Alzheimer's disease, Parkinson's disease and a previous stroke.

The good news is there is research that provides guidance on decreasing the risks of developing these conditions, making anesthesia safer today than ever before.

How can you and your care team reduce Anaesthesia risks?

Steps can be taken before, during and after surgery to help reduce your risks of developing age-related problems from anesthesia:

Before surgery — Your physician anesthesiologist will talk to you and ask detailed questions about your health, and