

## Checklist for Patients 'Going Under' General Anesthesia

1. Any contact from anesthesia provider *prior* to surgery?
  - a. Phone call
  - b. Email
  - c. Web site info

A: Should be 'yes.'
2. Will a brain monitor be used for my anesthesia? A: Should be 'yes.'
3. If so, at what level will you maintain (or 'run') my anesthesia?  
Below 45, between 45-60, or between 60-75 percent of awake value?  
A: Should never be below 45; GA without local anesthesia 45-60;  
with local anesthesia 60-75.
4. Will PK (propofol ketamine) anesthesia given for my anesthesia?  
A: Should be 'yes.'  
Did you know PK anesthesia is cited in Miller's Anesthesia textbook as the preferred technique to avoid postoperative nausea & vomiting (PONV)?
5. If not, what kind of anesthesia will I get?  
A: Spinal, epidural, nerve block with brain monitored, propofol sedation.  
Inhalation anesthesia ('stinky' gases) are oxidizing drugs & should be passé.  
Propofol is an **anti-oxidant**.
6. Will local anesthesia be injected *before* incision? A: Should be 'yes.'
7. Will local anesthesia be left in my incision at the end of surgery?  
A: Should be 'yes.'
8. How soon after surgery can I expect to wake up?  
A: Should be very soon, within minutes.
9. How frequent is PONV in your practice?  
A: Should be infrequent, not usually more than once or twice a year.
10. What about shaking postop? A: Should also be infrequent.
11. How soon do most patients go home after anesthesia?  
A: Should be within an hour or less, unless the surgeon requires more observation time related to the surgery.
12. What is your rate of post-discharge nausea and vomiting (PDNV)?  
A: Should also be infrequent.
13. What is your rate of patient satisfaction? A: Should be 'very high.'