

Dear Patient:

We'd like to thank you for trusting White Plains Hospital Center and White Plains Anesthesia Group with your health care needs. As you are about to undergo surgery we'd like you to have all the information you require to be knowledgeable and reassured regarding your procedures.

Your doctors will instruct you very thoroughly, but please also take this time to read carefully the portions of this guide that pertain to you. As an informed patient you can have as much influence as we do to insure yourself a safe procedure and a complete and comfortable recovery.

We have and will continue to work hard to earn your confidence and trust to provide for you and your family's health care.

Sincerely,

White Plains Hospital Center
White Plains Anesthesia Group

White Plains Anesthesia Group
A division of Westchester Anesthesiologists, P.C.

Anesthesia services at White Plains Hospital Center are provided by the White Plains Anesthesia Group, a division of Westchester Anesthesiologists, P.C. We are a separate entity from the hospital and, as such, our services will be billed separately. Please feel free to call our business office with any questions you may have regarding your insurance coverage for anesthesia services. Our offices are located at:

800 Westchester Avenue
Rye Brook, NY 10573
914-428-5454

Members of White Plains Anesthesia Group

All members of White Plains Anesthesia are physicians, certified by the American Board of Anesthesiology

Zef Abraham, M.D.

Tel Aviv University School of Medicine
New York Medical College – Anesthesiology
Diplomate of the American Board of Anesthesiology
Certified by the American Board of Anesthesiology in Pain Management

George Anastasian, M.D.

Stony Brook School of Medicine
New York Presbyterian-Cornell, Anesthesiology
Fellowship, Regional Anesthesia, Hospital for Special Surgery
Diplomate of the American Board of Anesthesiology

Keith Brumberger, M.D.

Albert Einstein College of Medicine
Columbia Presbyterian Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

Thomas Chen, M.D.

SUNY Syracuse Health Science Center
New York University-Anesthesiology
Fellowship Pediatric Anesthesia - Children's National Medical Center
Diplomate of the American Board of Anesthesiology

Leonard Cohen, M.D.

Mount Sinai School of Medicine
University of Pennsylvania – Anesthesiology
Diplomate of the American Board of Internal Medicine
Diplomate of the American Board of Anesthesiology

Richard Gallagher, M.D.

New York University School of Medicine
Columbia Presbyterian Medical Center – Anesthesiology
Diplomate of the American Board of Internal Medicine
Diplomate of the American Board of Anesthesiology
Chairman, Department of Anesthesiology, White Plains Hospital Center

In Hyung Han, M.D.

Pusan National University School of Medicine
New York Medical College – Anesthesiology
Diplomate of the American Board of Anesthesiology

Andrew Kim, M.D.

Boston University School of Medicine
Massachusetts General Hospital – Anesthesiology
Fellowship, Pediatric Anesthesia, The Children’s Hospital of Philadelphia
Diplomate of the American Board of Anesthesiology

Moon-Ho Kim, M.D.

Pusan National University School of Medicine
Montefiore Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

Saul Lebovic, M.D.

Mount Sinai School of Medicine
Mount Sinai Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

Serle K. Levin, M.D.

Cornell University Medical College
The New York Hospital - Anesthesiology
Fellowship, Cardiac and Pediatric Cardiac Anesthesia,
Hospital of the University of Pennsylvania
Diplomate of the American Board of Anesthesiology

Anthony G. Maratea, MD

Mount Sinai School of Medicine
Montefiore Medical Center, Albert Einstein College of Medicine - Internal Medicine
Brigham and Women's Hospital, Harvard Medical School - Anesthesiology
Fellowship in Obstetric Anesthesia, Brigham and Women's Hospital and
Massachusetts General Hospital
Diplomate, American Board of Internal Medicine
Diplomate, American Board of Anesthesiology

Mitchell Reuben, M.D.

New York University School of Medicine
Columbia Presbyterian Medical Center – Anesthesiology
Diplomate of the American Board of Internal Medicine
Diplomate of the American Board of Anesthesiology

David Roth, M.D.

Hahnemann University School of Medicine
Mount Sinai Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

Jeffrey Sherman, M.D.

New York Medical College
Columbia Presbyterian Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

Don Starr, M.D.

University of Rochester School of Medicine
John Hopkins Hospital-Anesthesiology
Fellowship Pediatric Anesthesiology-Children's National Medical Center
Diplomate of the American Board of Pediatrics
Diplomate of the American Board of Anesthesiology

Alan Young, M.D.

University of Louvain School of Medicine
Columbia Presbyterian Medical Center – Anesthesiology
Diplomate of the American Board of Anesthesiology

What is an anesthesiologist or anesthetist?

An anesthesiologist or an anesthetist administers anesthesia for surgery and other medical procedures requiring monitoring of vital signs and control of pain. An anesthesiologist is a physician who has completed at least three years of training in the specialty of Anesthesiology after four years of medical school and one year of internship. In addition, a written and oral examination is required in order to become certified by the American Board of Anesthesiology. An anesthetist can be a nurse with special training (CRNA), a physician assistant (P.A.) or other health care professional trained in the administration of anesthesia.

What is the role of the anesthesiologist at White Plains Hospital Center?

Our primary role is to insure your SAFETY AND COMFORT in the “peri-operative period” – the time just before, during and immediately after your surgery. We are responsible for the safe administration of anesthetics and analgesics to patients of all ages, including infants and women in labor, who present with various types of medical and surgical conditions. We also assist in the treatment of the postoperative pain and the medical management of critically ill patients. In addition, we have an active service for the treatment of chronic pain.

How safe is anesthesia today?

Tremendous advances have been made over the last 20 years in the field of anesthesiology. Modern anesthetic drugs are safer, shorter acting and have fewer side effects than those used in the past. These advances have helped make same-day surgery possible. Sophisticated, reliable monitoring and alarm systems, as well as more highly qualified and trained anesthesiologists, have further reduced the already low risk of anesthesia. Of course, as with many of our daily activities there is always some risk involved. However, objectively and statistically, modern anesthesia is extremely SAFE.

During my surgery, will there be an anesthesiologist present at all times?

Yes. If requested by your surgeon, while in the operating room at White Plains Hospital Center, there will always be an anesthesiologist present whose sole responsibility is your care. Constant vigilance is necessary to insure your well being. State of the art monitoring devices are used to aid us in this task. These include a pulse oximeter to assess oxygenation, a capnograph (carbon dioxide monitor) to insure proper breathing and airway management, a continuous electrocardiogram to monitor the heart rate and rhythm and a blood pressure monitor. Certain types of surgery and medical conditions require additional monitoring.

When will I meet my anesthesiologist?

Since the majority of surgery performed today at WPHC takes place on the same day of admission, the initial visit with your anesthesiologist usually takes place at that time. During the pre-operative interview, your anesthesiologist will review your medical history and discuss the anesthetic options available to you. If advisable, you may receive a sedative while you await the start of surgery.

Can I choose my anesthesiologist?

We encourage you to discuss, in advance, any questions or concerns you may have with your surgeon or with a member of our department. You can request a specific anesthesiologist for your surgery, but this is best done well in advance through your surgeon's office. We will do our best to honor your request.

What are the different types of anesthesia?

A general anesthetic renders you unconscious and you are unaware of anything. Spinal, epidural and nerve blocks are types of regional anesthetics, which anesthetize only a portion of your body. Monitored anesthesia care (MAC) involves continuous monitoring of your vital signs along with the administration of intravenous medication to keep you relaxed and comfortable while your surgeon administers a local anesthetic. The best and safest approach depends on the type of surgery, your age and medical condition, and to the extent possible, your personal preference. During the preoperative interview our objective is to assess these factors and together with you and your surgeon choose the safest and most suitable anesthetic option for you.

What can I expect after the surgery and anesthesia?

Immediately after surgery, you will be accompanied by your anesthesiologist to the postanesthesia care unit (PACU). Under his supervision, the PACU nurses will continue to monitor your vital signs and keep you comfortable, administering pain medications and sedatives as needed. When your PACU nurse and anesthesiologist feel you are adequately recovered from your anesthetic, you will be transferred to your hospital room or back to the ambulatory holding area.

Today's anesthetics are eliminated very rapidly by the body. The feeling of anesthesia "hangover" is usually minimal and may be due to the post-operative medications you receive. Other common side effects include dry or sore throat, nausea and sometimes, vomiting. We recommend that if you are allowed to eat post-operatively, you do so lightly for the first 12-24 hours.

How can pain be controlled after the surgery?

Your anesthesiologist can administer analgesics intravenously both during and after surgery for the rapid prevention and control of pain. Patient Controlled Analgesia (PCA) consists of an I.V. infusion of analgesic medication, usually morphine, available to the patient simply by pressing a button. A predetermined dose is released intravenously for fast relief. In this way, the patient can medicate him or herself as often as needed within the preprogrammed safety limits.

Regional administration of analgesics is a highly effective way of minimizing pain after surgery. An epidural or spinal is performed prior to beginning the induction of anesthesia and a small dose of narcotic is administered. Pain relief is often complete and may last up to 24 hours postoperatively.

Certain surgical procedures permit your surgeon to infiltrate the area being operated with local anesthesia. Others may be performed using a nerve block. In these cases the anesthesia may last well into the postoperative period.

What can I do to prepare myself for anesthesia and surgery?

The most important thing that you can do to prepare for your surgery is to **know your medical and anesthesia history**. This includes any medical or surgical illnesses you have now or had in the past, as well as your experience with previous anesthetics. Your surgeon may refer you to your family doctor for a full medical evaluation in order to insure that you are in the optimal state of health at the time of your surgery.

Inform your anesthesiologist of medications that you take on a regular basis. It is essential that you take on a regular basis. It is essential that you consult with your regular doctor, surgeon or anesthesiologist since certain medications can and should be continued until the time of surgery while others should be discontinued well advance.

An empty stomach is extremely important for the safe administration of anesthesia. Therefore, all adult patients must refrain from eating or drinking anything at all for at least 6 hours before the start of anesthesia for elective surgery. However, since there may be last minute changes in the time of your scheduled surgery, **Abstain from eating or drinking after midnight the night before your surgery.**

Considerations for children undergoing anesthesia

Children experience a greater degree of fear and anxiety in the operating room than adults. They also respond differently to anesthetic drugs and surgical stress, and require a greater degree of vigilance on the part of the anesthesiologist. All members of the White Plains Anesthesia Group are highly qualified and experienced in the anesthetic care of infants and children. We are committed to insuring your child's safety, and to making the anesthetic experience as pleasant as possible for both you and your child.

How can I prepare my child for anesthesia and surgery?

Insuring the comfort of your child during the peri-operative period requires active parental awareness and involvement. Parents can easily communicate their own anxieties to their child. Nothing can calm a pediatric patient better than a supportive and confident parent.

At a level of understanding appropriate for their age and in a manner that minimizes their fear, children should be told why they are coming to the hospital and what they can expect when they get there. Your child's surgeon can advise and assist you in this regard.

WPHC offers tours of the ambulatory facility on a regular basis so that children and parents can feel more comfortable with these unfamiliar surroundings. Please call (914) 681-1291 for more information about the tour.

Until when can my child eat prior to surgery?

An empty stomach is crucial for the safety of all patients undergoing anesthesia.

Preoperative fasting times are different for children compared to adults, and they also vary depending on the age of your child. Make sure that you and your child's surgeon discuss this matter thoroughly. If you are uncertain or have any questions, please contact us.

Does my child receive a sedative while waiting for the surgery to begin?

Pre-medications are administered infrequently since most pediatric surgery is performed on an outpatient basis and experience and studies have shown that the presence of a reassuring parent is the most effective way of minimizing a child's apprehension. On occasion, though, a child will require a preoperative sedative.

How is the anesthetic administered to children?

As is done for adults, older children will have an intravenous line (I.V.) begun and the anesthetic initially administered through it. This involves an injection of local anesthetic on the skin using a very small needle or a topical anesthetic cream, followed by the placement of the I.V. through this numbed area.

To avoid upsetting younger children and infants, a "mask induction" is usually performed. This involves breathing the anesthetic gas through a mask. The I.V. will then be placed after the child is asleep. When appropriate for the surgery and the age of the child, one parent stays in the operating room during the mask induction until the child is asleep. This helps to minimize the child's fear of separation.

When can I be with my child after the surgery?

We realize that parents are anxious to be with their children immediately after the surgery. Nevertheless, time spent in the post anesthesia care unit, under the supervision of an anesthesiologist, is necessary for the safety of the pediatric patient just emerging from anesthesia. The PACU nurses, however make every effort to reunite you with your child as soon as it is safe to do so.

Obstetrical anesthesia

White Plains Anesthesia Group provides 24-hour coverage of the Labor and Delivery suite at White Plains Hospital Center. If needed, an anesthesiologist is available to provide pain relief during labor or administer anesthesia for Cesarean Section.

Regional anesthesia for labor pain

Although some women achieve adequate pain control with breathing and relaxation techniques, many others require or request a narcotic injection or a regional anesthetic. The latter method involves an epidural injection or intrathecal (spinal) and is by far the most effective way of providing pain relief during labor.

A local anesthetic is used to numb the skin where the epidural or intrathecal needle will be inserted. The needle is then passed through this area into the epidural or spinal space, most often with a surprisingly minimal amount of discomfort. Then, local anesthetic medications are injected which anesthetize the nerves that carry the pain sensations of labor.

In the case of epidural, a catheter is left in place for the duration of labor, in order to administer subsequent doses of analgesic medication. Intrathecal anesthesia involves a single injection of a small dose of narcotic with or without local anesthetic. These techniques are often combined to give the benefits of both techniques in one anesthetic.

Regional anesthesia during labor eliminates most or all of your pain but does not impair muscle strength or the ability to push during the second stage of labor. If the administration of the anesthetic is correctly timed, there is little, if any effect on the progress of your labor. In addition, the local anesthetics used are not harmful to the newborn since they do not cross the placenta and are not excreted in breast milk to any significant degree.

Anesthesia for Cesarean section

Regional anesthesia is used for almost every Cesarean section at White Plains Hospital Center. This allows your significant other to be present so that both of you can experience the birth of your child, even in the operating room. A stronger dose of local anesthetic is injected to achieve surgical anesthesia. Once the baby is delivered we can administer intravenous medication to supplement the regional anesthetic and try to relax you if necessary. Furthermore, a very small dose of morphine is added to the regional anesthetic during the C-section. This provides you with excellent pain relief for the first 12-24 hours post-operatively. It begins working after the local anesthetic wears off and allows you to enjoy your newborn without the sedated feeling that intravenous narcotics cause. A common side effect of this technique is itching, which can be treated effectively with safe medications.

On rare occasions, a general anesthetic is needed. In such cases, special care is taken in choosing anesthetics that maximize the safety of mother and child. Moreover, an empty stomach is essential for your safety during the surgery. Therefore, regardless of your expectations concerning the birth of your child, **once your labor begins, limit your oral intake to clear liquid fluids.**

Complications of and contraindications to regional anesthesia

Routine use of regional anesthesia for labor and Cesarean delivery is extremely safe. Occasionally, a transient decrease in blood pressure occurs shortly after the regional anesthetic is administered. This can be treated easily by administering IV fluids and medications to restore normal blood pressure. Spinal headaches occur with an incidence of less than one in a hundred and can be treated. Backaches, although slightly more common, are transient and not a serious complication. Prolonged nerve irritation, infection and bleeding are so rare that only sporadic cases have been reported in the medical literature in the last forty years. Moreover, today's advanced needle designs, safer anesthetic drugs, and improved techniques have made these complications almost non-existent.

Certain underlying medical conditions such as bleeding disorders, infection and abnormal placental locations can preclude the administration of a regional anesthetic. Previous back surgery, though, is not necessarily a contraindication to the placement of a spinal or epidural. Prior to administering the anesthetic, your anesthesiologist will interview you regarding your medical and prenatal history and inform you of the risks and benefits of receiving a regional anesthetic. We advise you to contact us before your due date with any questions or concerns you have regarding any medical conditions you have that may interfere with the use of regional anesthesia.