

# Argus Orthopaedic Zone

## "Put Me To Sleep" Not Always Best

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### *Transforming patient information into patient understanding?*

"Just put me to sleep" is a request I hear often from my patients who need surgery. Sometimes that is the best choice of an anesthetic and my patient and I are on the same page.

Almost everyone knows what this means and how it works. But there are exceptions. Let me explain. Children who are facing surgery have to be told what is going on, if they are old enough to understand. However, it can backfire if you use the term "put you to sleep" with a child. Children think you are going to do what the veterinary did to their pet!!

### **Safety**

General anesthesia is the state of unconsciousness produced by medication to allow operations and procedures to be done. Modern general anesthesia is very safe, but there are even safer ways to administer anesthesia in many cases. These other types of anesthesia are called Regional Anesthesia.

### **Regional Anesthesia**

Regional anesthesia makes a specific part of the body numb to relieve the pain of surgery. There are several different kinds. They are safer because the patient is not in an unconscious state. In addition to making a particular part numb the anesthesiologist administers sedation to the patient to make them very relaxed.

### **Spinal Anesthesia**

This is the most well known regional anesthetic. After sterilizing the skin of the lower back, an extremely small needle is passed between the vertebrae and into the sac that contains spinal fluid.

A small amount of local anesthetic is injected and the needle is withdrawn.

Numbness starts at the feet and moves upward to the area desired by the technique.

### **Epidural Anesthesia**

Epidural anesthesia is similar to, but not the same as spinal anesthesia. A larger needle that does not reach the spinal fluid is placed. Then a catheter is placed through the needle into the epidural space outside the spinal fluid sac.

Using the catheter, longer term pain relief can be obtained and more local anesthetic injected as needed.

**Lots More**

I have a lot more to tell you about regional anesthetics and am running out of time this week. I need to cover the many kinds of peripheral nerve blocks that are used as well as when I think a local anesthetic would be best.

I can finish with Regional Anesthesia next week so I hope you can return.

**Note of Thanks**

I am well aware of the vital role of anesthesia in what I do in Orthopaedic Surgery.

I would be in a real pickle if it weren't for modern anesthesia. 98% of what I do in surgery involves an anesthesiologist or certified registered nurse anesthetist.

You might say I would have a very small practice if all I could do was local anesthetics! So a big thank you to everyone in Anesthesia that helps me to help all of you.

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Dr. Haverbush