



## Comfortably numb

Doctor's book answers patients questions about anesthesia

By Paul Swiech  
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NORMAL -- Before they go under for surgery, most patients have a lot of questions, even if they don't ask them.

During his 14 years as an anesthesiologist in Bloomington-Normal, Dr. Ben Taimoorazy has heard all of them. He has written down 63 of those questions or topics and responded to them in a new book, "Before You Go Under."

"The reason I wrote this book is to provide the general public with what they need to know about anesthesia prior to surgery," Taimoorazy said. An educated patient is an empowered patient who knows what to ask, he said.

Taimoorazy discussed his book in an operating room at BroMenn Regional Medical Center, Normal. Taimoorazy, who is in private practice as president of Anesthesiology Consultants, practices anesthesiology at BroMenn and at The UroHealth Institute, both in Normal.

Anesthesiologists are doctors who get an additional four years of training in pain management. Taimoorazy -- who invented the Napas Airway Management Device several years ago and was voted Physician of the Year by BroMenn employees in 2006 -- is accustomed to thinking creatively.

About three years ago, he began writing down the questions he was asked, and he asked nurses what questions they were getting. Then he wrote his answers.

"It took me about a year to write it," Taimoorazy said.

The result is a 195-page book with 63 chapters -- each chapter answering a common question about "going under."

Among chapter titles are "How do you know that I am adequately sedated?" "Awareness under anesthesia," "I hate needles," "Why is the operating room always cold?" "Claustrophobia," "Redheads and anesthetic requirement," "Nausea and vomiting after anesthesia and surgery," and "Nightmares under anesthesia."

Taimoorazy's timing is fortuitous. Last fall's movie thriller, "Awake," will be released on DVD this month and that's sure to generate more questions and anxiety regarding anesthesia awareness.

In the movie, a patient experiences anesthesia awareness -- remaining conscious but physically paralyzed under anesthesia during a heart transplant. Taimoorazy hopes the release of his book at the same time as the DVD release of "Awake" will educate people before they see the movie.

Anesthesia awareness is a rare complication, happening in about one in 500 to one in 1,000 surgeries done under general anesthesia, Taimoorazy said. The awareness experienced by the patient in the movie is the most rare, most extreme case of a patient experiencing pain and hearing everything in the operating room.

Most anesthesia awareness is not that extreme and involves hearing or feeling pressure or experiencing some pain or having a nightmare.

Taimoorazy said none of his patients has experienced anesthesia awareness. He said he reduces the risk by knowing how much anesthesia to give the patient and by constantly monitoring patient vital signs (blood pressure, heart rate, breathing pattern, eye movement) and brain waves during surgery.

Brain waves are measured by a new brain wave monitoring device that is connected to the patient's forehead and attached to a monitor that produces a numeric readout reflecting the depth of anesthesia.

Taimoorazy said the brain wave monitor is used in about 70 percent of surgeries, but should be used in all surgeries involving general anesthesia.

"It's non-invasive, so the patient has nothing to lose but a lot to gain" from using the monitor, he said.

The device is \$10 and the monitor that reads the results is \$4,000, said Taimoorazy, as he pointed to the device and monitor in the BroMenn operating room.

"If using it prevents even one case of anesthesia awareness, it'll be worth it."

Today's anesthesia doesn't stay in the body as long as anesthesia of 15 to 20 years ago, meaning that today's patients are at reduced risk of nausea, vomiting, grogginess, confusion and liver and kidney failure, Taimoorazy said.

The type and level of anesthesia depend on the patient's medical history and type of surgery.

"Every person is different," said Taimoorazy, who likes to meet with patients several days before surgery to make sure the patient is ready for the procedure.

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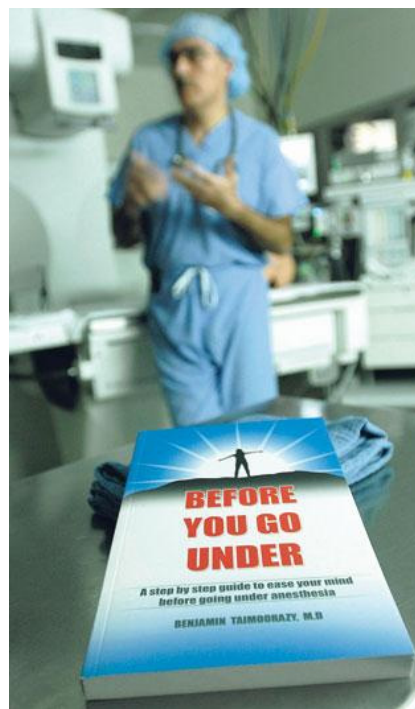
Take a look



Dr. Ben Taimoorazy, shown at the anesthesia station in an operating room at BroMenn Regional Medical Center in Normal, describes why he wrote the book, "Before You Go Under." (The Pantagraph/STEVE SMEDLEY) [Buy reprint](#)



Taimoorazy demonstrates how a brain wave monitoring device is attached to a patient's forehead. The device is attached to a monitor that determines the depth of anesthesia to help keep the patient safe during surgery. (The Pantagraph/STEVE SMEDLEY) [Buy reprint](#)



Taimoorazy hopes the book will answer common questions that patients have about taking anesthesia prior to surgery. (The Pantagraph/STEVE SMEDLEY) [Buy reprint](#)

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The veteran anesthesiologist believes doctors, as well as patients, may benefit from the book.

One doctor who agrees is Dr. Ann Stroink of Central Illinois Neuro Health Science in Bloomington.

Stroink has read the book and plans to write an editorial for a neuroscience journal to encourage colleagues to read it.

"This is a good book, especially for people concerned about general anesthesia," Stroink said. "People hear scary things. They may think they don't have time to ask all their questions or that the doctor doesn't have time to answer all their questions. This book addresses those questions."

Stroink has been asked many of the questions answered in the book. Doctors who aren't anesthesiologists also may learn from reading the book, Stroink said.

## Frequently asked questions

In the book, "Before You Go Under," Dr. Ben Taimoorazy lists and answers 63 frequently asked questions from patients regarding anesthesia.

Here are some of them:

### What is anesthesia?

Anesthesia is a temporary loss of feeling or awareness induced by medications. This may be done by blocking the sensation to a small part of your body, to total unconsciousness or general anesthesia. Depending on the type of surgery and your medical history, your anesthesiologist helps you decide which anesthesia is best for you.

### What are the different types of anesthesia?

General anesthesia is complete loss of consciousness induced by a combination of injected or inhaled drugs. Your anesthesiologist monitors the progress of surgery and adjusts the dosage of medications. The process generally begins with a relaxant medication, then vital sign monitors are placed on you. Some patients are sedated by breathing in anesthesia. Patients with claustrophobia should ask to be sedated with intravenous medications.

Local anesthesia usually is used to perform minor procedures, such as stitching, skin biopsies, dental procedures and breast biopsies. Local anesthesia is injected into the targeted surgical site, resulting in numbness lasting one to four hours.

Conscious sedation is used for colonoscopy and other endoscopy procedures, cataract removal or placement of a cardiac pacemaker. Intravenous sedatives are used so you remain conscious but fully relaxed with no pain or surgery recollection.

Regional anesthesia includes spinal and epidural anesthetics, which produce numbness from the waist down for lower abdominal surgeries, urinary bladder operations, Caesarian sections, and hip and lower extremity surgeries. The goal is to stay conscious but pain free.

Epidural anesthesia is achieved when local anesthetics are injected into the epidural space that covers the spinal cord and nerve roots and can help with pain control for major abdominal and chest surgeries.

Spinal anesthesia produces numbness from the waist down and weakness in the legs for up to four hours.

### How does anesthesia work?

Anesthesia is a temporary interruption of nerve function. The new generation of medications has a shorter stay in the body than the older medicines, so patients wake faster and with less grogginess than a generation ago.

### How do you know I am adequately sedated?

With a local, spinal or epidural, the adequacy of anesthesia is determined by pricking the surgical site. With a general, the anesthesiologist measures brain function, blood pressure, heart rate, breathing pattern and eye movement to determine the adequacy of anesthesia. The introduction in recent years of brain wave monitors helps anesthesiologists monitor the impact of the medicines and the depth of anesthesia.

### What is the risk of a major anesthetic complication?

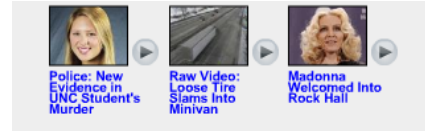
The introduction of new anesthetic medicines and new monitoring devices has reduced the risk of major anesthetic-related complications. However, medical conditions such as severe heart or lung problems, kidney disease, high blood pressure, stroke, carotid artery occlusion and obstructive sleep apnea can increase the risk of anesthetic-related complications. Anyone with any of those conditions should visit with their anesthesiologist before their surgery. Patients also may increase the safety of the anesthetic by losing weight, stopping smoking and abstaining from alcohol.

### Why do I need to fast before surgery?

When you undergo anesthesia and surgery on an empty stomach, there is a lower risk of nausea and vomiting after surgery.

### Why do I need to discuss my medical history with my anesthesiologist?

Certain medical conditions, medications, herbal supplements and allergies may have an adverse impact on anesthetic and surgical outcomes. Herbs, for example, may increase the risk of bleeding, cause changes in your blood pressure and circulation, and keep you sleepy longer than expected. Artificial implants may put you at higher risk for infection. Your anesthesiologist and surgeon need to know your medical history and have a list of your medicines, supplements and implants before your surgery in case the procedure and medicines need to be altered. Typically, herbs should be discontinued two to three weeks prior to surgery.



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**What if I hate needles?**

Many people fear starting the intravenous line. Helpful hints include: asking the nurse to numb the vein before starting the line, keeping your arms and hands warm, drinking enough fluids, asking the nurse to use a vein finder device, and asking your anesthesiologist to start the line.

**What if I'm anxious about anesthesia and surgery?**

Fears of losing control and of unknown outcomes are normal. Ask your anesthesiologist to write an order for an anxiolytic medication to relieve anxiety.

**Why is the operating room so cold?**

To reduce the risk of proliferation of germs, operating rooms are equipped with special air ducts to circulate air in a specific direction. In addition, the room is kept cool because operating room staff wear sterile clothing and are working under hot operating room lights.

**What if I'm claustrophobic?**

Claustrophobia -- a fear of confined spaces -- is common among people about to undergo an MRI (magnetic resonance imaging) procedure. Tell your doctor that you have claustrophobia. An anesthesiologist may give you a short-acting sedative, may place a washcloth over your eyes and may allow you to use a headset to listen to music.

**Is it true that redheads may require more anesthesia?**

Yes. People with red hair are more sensitive to pain and may require more anesthesia than people with other hair colors. The color of hair and skin is determined by the levels and types of pigments in cells. This function is regulated by the release of hormones from the brain. These same hormones play a major role in the perception of pain. In patients with red hair, there is a higher-than-normal level of these brain hormones, resulting in increased sensitivity to pain and increased anesthesia requirements.

**Will I vomit after surgery and anesthesia?**

Nausea and vomiting happen to about 30 percent of patients after anesthesia wears off. Tell your anesthesiologist if you have a history of nausea and vomiting after surgery and he or she may give you medication to reduce your risk of getting sick.

**Will I become addicted to narcotics if I take a short course of narcotic pain killers after surgery?**

A short course of narcotic medications is considered effective for pain management and not addicting.

**Will I dream while under anesthesia?**

Most likely. Dreams under anesthesia are usually similar to those during normal sleep and are usually pleasant. Dreaming is not a sign of inadequate depth of anesthetic. Some patients experience nightmares. In rare occasions, patients report an awareness of intra-operative events. When this happens, a psychiatric consultation is warranted.

SOURCE: "Before You Go Under" by Dr. Ben Taimoorazy

**Before You Go Under**

Cost: \$14.95

**Available:** At Barnes & Noble Booksellers in Bloomington, Borders Books in Normal, at [www.beforeyougounder.com](http://www.beforeyougounder.com), at [www.amazon.com](http://www.amazon.com) or by calling (309) 660-2976

**Book signing:** By the author, Dr. Ben Taimoorazy, from 11:30 a.m. to 1:30 p.m. Friday in the atrium of BroMenn Regional Medical Center, Virginia and Franklin avenues, Normal.

SOURCES: Dr. Ben Taimoorazy, BroMenn Healthcare

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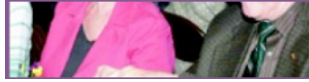
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