DR MICHAEL ANGSUWAT


## Dr Michael Angsuwat

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My name is Michael and your surgeon has asked me to provide you with anaesthetic services. I am a specialist anaesthetist, and I write here to provide you some information about my background, and some general information about anaesthesia.

I graduated from The University of Melbourne's Medical School in 2010 and undertook internship and residency in the western suburbs of Melbourne, before moving to Monash where I commenced postgraduate specialist training in anaesthesia. After completing five years of specialist training, I obtained Fellowship with the Australia & New Zealand College of Anaesthetists (ANZCA) in 2021.

I have a public appointment at Peninsula University Hospital (Frankston Hospital) and concurrently operate at several private hospitals around eastern Melbourne.

I hold memberships with ANZCA, ASA (Australian Society of Anaesthetists) and AMA (Australian Medical Association).

In my non-working time, I enjoy spending time with my family (including three small children), gardening, DIY and simply relaxing in nature.

## Preparing for your anaesthetic

### Medication Review

Most medication should be taken up until and including the day of your surgery (with a small sip of water on the day). It is especially important if you take pain medications for chronic pain that this is continued.

Medications that may need to be ceased or altered include:

- Blood thinning medication (eg aspirin, warfarin, apixaban, rivaroxaban etc).
- Diabetic medication including both tablets and insulin.

- Weight loss medication (eg Ozempic, Mounjaro etc). These medications can often be continued, however fasting guidelines may need to change.

Please notify me before the surgery if you take any of these medications and we can discuss what we should do with them pre-operatively.

**Pre-operative fasting**

Fasting is important before an anaesthetic to prevent the risk of food or fluid being regurgitated during the procedure which can result in potentially severe respiratory complications. Fasting should be for at least 6 hours for all solids (including milk or thick soups), and 2 hours for clear fluids (which includes water, clear apple juice and black coffee/tea).

These guidelines can change depending on your specific circumstances, for example in emergencies, if you have had prior gastric surgery, or are on medications such as Ozempic.

**Day Procedures**

If you are having a day procedure and are expecting to return home that night, it is important that you have a responsible adult arranged to pick you up, escort you home and stay with you overnight. Even when you feel fully awake after an anaesthetic, your reflexes and decision-making may be impaired, so it will be unsafe to drive or make major decisions for about 24 hours.

If you use equipment such as CPAP overnight, it is essential that you use this the night after surgery.

## What to expect with your anaesthetic

Different types of surgeries and medical conditions require differing anaesthetic techniques. Anaesthesia doesn't always involve "being asleep"! (But a lot of the time it does.) Irrespective of the anaesthetic technique, I am always present for the entire duration of the surgery to ensure your safety and comfort.

### General anaesthesia

A general anaesthetic means you will be asleep for your surgery. To conduct a general anaesthetic, after our meeting and discussion, I will place an intravenous cannula in either your hand or arm. Once you are in the operating theatre, I will administer anaesthetic medications through the cannula and shortly after, you will be asleep. The general anaesthetic usually also involves me helping you with your breathing with a breathing device which is placed after you are asleep. This can result in a temporary sore throat upon awakening. There is a very small risk

of dental injury with the breathing device. Once the surgery is complete, I will watch over you until you are awake enough to bring you to the recovery room, which is where most patients remember waking up. My aim is to have you awaken in the recovery room as comfortably as possible, however it is normal to feel drowsy for some time.

Serious risks of general anaesthesia are very rare, and if you are concerned, I can discuss these with you in person or over the phone.

### Spinal anaesthesia

Spinal anaesthesia is where a medication is introduced into the fluid surrounding the spinal cord, numbing the nerves that travel to the lower abdomen and legs. In modern anaesthesia, spinal anaesthesia is conducted in a very safe manner and potential risks are mitigated. In all circumstances where it is offered, it can be either as safe or safer than a general anaesthetic. It is commonly used for Caesarean sections, orthopaedic and urological procedures.

This anaesthetic is performed while you are either awake or lightly sedated in order to minimise risks. During preparation and administration of the spinal anaesthetic, you will be sitting upright. After your back is sterilised with antiseptic, I will use some local anaesthetic to numb the skin in the middle of your lower back. The spinal needle itself is extremely fine. Occasionally it can take a few minutes to find the correct position to place the anaesthetic, but once the anaesthetic is administered, the needle is removed. The anaesthetic can take several minutes to be working well, and I will be checking to ensure it is as expected prior to your surgery.

Risks of spinal anaesthesia are extremely rare. We would expect sensations during the procedure such as light touch, pressure or stretching, but at no time do I expect you to feel pain. I am present the entire time, and if you have any discomfort, please let me know - there is always the option for a general anaesthetic, even midway through surgery, however the need for this is extremely rare. Other complications like a serious headache are uncommon and usually self-limiting (however in a very small number of patients, a further injection in the back is required to resolve this headache). Finally, nerve injury in the back or legs is extremely rare, with the rate of serious permanent nerve injury or paralysis being approximately 1 in 140,000.

If you are interested in learning more about anaesthesia, the following website is an excellent resource: www.anzca.edu.au/patient-information.

## Financial considerations

The anaesthetic fee is separate from surgical and hospital fees. It is determined by factors including the type of surgery, complexity and duration, and patient aspects such as health status. The Australian Medical Association (AMA) recommended fees for anaesthesia are often

higher than the rebates from insurers and Medicare; it is for this reason that an out-of-pocket gap fee is applicable. If you would like further information on this, please see the following detailed document:
https://asa.org.au/wp-content/uploads/2024/04/ASA-Billing-Information.pdf

In most circumstances, this gap fee is capped at a level determined by your insurer.

My team at **TCI Health** will be in touch regarding an approximate quote for the anaesthetic fee. Depending on your insurance fund and Medicare status, different rebates and out-of-pocket gaps are applicable for even the same surgery and anaesthetic. Acceptance of the quote is required before the surgery (i.e. financial consent), but not payment. Payment of the out-of-pocket cost is not required until after the procedure, when my billing team will forward you a method for settlement.

### Special Financial Note

In some circumstances, a capped out-of-pocket gap fee is not possible due to the nature of your surgery and insurance. You may be asked to pay the full anaesthetic fee, and to claim the rebate back from your insurer and Medicare after the procedure.

This may include procedures which are anticipated to be an extended duration, if you are uninsured, insured by an overseas health fund, or do not have Medicare.