

Anesthesia

THINGS TO KNOW AND ASK AS A VOICE USER

Surgery can be nerve-wracking, especially for professional voice users. Knowing what to ask your surgeon and anesthesiologist can help you feel more in control of the process and protect your voice.

Be aware that there are different types of anesthesia and various tube sizes for intubation, which could affect your vocal cords. Below are the four main types of anesthesia:

1. General Anesthesia: Full unconsciousness.
2. Regional Anesthesia: Numbs a large part of the body (e.g., epidurals).
3. Local Anesthesia: Numbs a small area for minor procedures.
4. Sedation: Ranges from light relaxation to deep, near-unconsciousness.

It's essential to inform your entire medical team—surgeon, anesthesiologist, and nurses—that you are a professional voice user. Emphasize the importance of protecting your vocal cords, as any trauma could impact your career. Make sure everyone in the operating room is aware of this. We want to ensure your vocal cords are protected and that you fully understand the anesthesia process. Here are some key questions to consider:

What Type of Anesthesia and Intubation

- What type of anesthesia will be used for my procedure?
- Will intubation be necessary? If so, what size tube will be used, and can it be adjusted to minimize trauma to my vocal cords? Is a pediatric tubing an option?
- Are there alternatives to endotracheal intubation that may be safer for my vocal health?
- If I didn't want to have any intubation would a LMA or epidural be appropriate?
- Is there anything I do ahead of time for my vocal cords prior to surgery to minimize risk?



Voice Protection During the Surgery

- How will you ensure my vocal cords are protected during intubation?
- Do you have experience working with professional voice users?
- Will you take special precautions to avoid vocal cord irritation or damage, such as using a smaller tube or an alternative method?

Communication and Monitoring

- Who will be administering the anesthesia and will they be with us the entire time in surgery?
- How will you monitor my airway and voice-related concerns during the surgery?
- Can I speak with the team responsible for intubation and airway management?
- Will a student or a fellow be participating in any of the Anesthesia process?

Risks and Complications

- How long will I be under Anesthesia?
- What are the specific risks of anesthesia for my vocal cords?
- How often do you see complications like vocal cord injury or throat irritation?
- What steps will you take to mitigate these risks?

Recovery and Post-Surgery Concerns

- What should I expect in terms of voice recovery after anesthesia?
- Is vocal cord irritation or hoarseness a common side effect, and how long might it last?
- What should I do if I experience prolonged hoarseness or voice changes after surgery?



RED FLAGS

THINGS TO WATCH OUT FOR

- **Lack of Clear Communication:** If the anesthesiologist seems rushed, dismissive, or unwilling to thoroughly explain procedures, risks, or options, that can be concerning. You should feel informed and understood.
- **Disregard for Medical History:** An anesthesiologist should ask detailed questions about your medical history, allergies, medications, and any prior reactions to anesthesia. If they seem disinterested in these aspects, it could be a sign of carelessness.
- **Unclear Responses to Questions About Risks:** If you ask about the risks of anesthesia and the anesthesiologist downplays or dismisses them without explanation, this is a red flag. They should give you a balanced understanding of both risks and benefits.
- **No Discussion of Post-Anesthesia Care:** An anesthesiologist should explain what to expect after surgery, including potential side effects and recovery. If they skip this, you may not be getting the full picture.
- **Lack of Customized Approach:** If they provide only general information without considering your specific case (age, health conditions, type of surgery), it may show a lack of personalized care.
- **Inattention to Monitoring Plans:** The anesthesiologist should discuss how they will monitor your vital signs during the procedure. If there's no mention of this or if they seem vague, it's a concern.
- **Rushed Consent Process:** A good anesthesiologist takes time to explain the consent form in detail. If they rush through this or pressure you to sign without allowing questions, it could signal trouble.
- **Not Addressing Your Concerns:** If you raise concerns about pain management, nausea, or other anesthesia-related issues and they are brushed aside or not fully addressed, this is a problem.
- **Lack of Professionalism:** If the anesthesiologist seems unprofessional in demeanor or dismissive of other healthcare providers' input, it could indicate poor collaboration or inadequate care.



TYPES OF INTUBATION

Intubation is the process of inserting a tube into the airway to help with breathing, often used during anesthesia, especially for surgeries that require general anesthesia. Different types of intubation are used depending on the patient's condition, the procedure, and the anesthesiologist's preference. Here are the main types:

1. Endotracheal Intubation

- **Description:** The most common type, where a tube is inserted through the mouth and into the trachea (windpipe) to maintain an open airway and deliver oxygen and anesthetic gases.
- **Purpose:** Used in most surgeries requiring general anesthesia, especially when the patient needs to be deeply sedated or when their airway needs to be controlled for a long period.
- **Technique:** A laryngoscope is used to visualize the vocal cords, and the tube is passed between them into the trachea.
- **Risks:** Can cause sore throat, vocal cord injury, or, in rare cases, damage to teeth or the trachea.

2. Nasotracheal Intubation

- **Description:** Similar to endotracheal intubation but the tube is inserted through the nose instead of the mouth.
- **Purpose:** Commonly used in surgeries where access to the mouth is needed, such as dental or facial surgeries.
- **Technique:** The tube is gently inserted through the nose and passed down into the trachea, guided by a laryngoscope.
- **Risks:** Potential for nasal bleeding, sinus injury, or infection.

3. Fiberoptic Intubation (Awake Intubation)

- **Description:** A flexible fiberoptic scope is used to guide the intubation tube into the trachea, often while the patient is awake but sedated.
- **Purpose:** Ideal for patients with difficult airways or those at high risk for complications during traditional intubation. It allows the patient to breathe on their own while the tube is placed.
- **Technique:** The scope is inserted either through the nose or mouth and visualized as it passes into the trachea, with the patient cooperating under sedation.
- **Risks:** Discomfort for the patient, though sedation and local anesthesia minimize this. Rarely, bleeding or airway trauma may occur.

4. Rapid Sequence Intubation (RSI)

- **Description:** A rapid method used to quickly secure the airway, often in emergency situations. It involves fast administration of sedative and paralytic medications to avoid complications from aspiration (stomach contents entering the lungs).
- **Purpose:** Typically used in emergency surgeries or when the patient is at high risk of aspiration (e.g., trauma patients or those with a full stomach).
- **Technique:** The patient is sedated and paralyzed rapidly, and the tube is inserted quickly using a laryngoscope.
- **Risks:** If not done correctly, RSI can lead to complications like hypoxia (lack of oxygen), aspiration, or airway trauma.

TYPES OF INTUBATION

5. Laryngeal Mask Airway (LMA)

- Description: Instead of a tube passing through the vocal cords, an LMA is a device that sits above the vocal cords and helps maintain an open airway.
- Purpose: Used in shorter or less invasive surgeries where general anesthesia is required but full intubation may not be necessary.
- Technique: The LMA is placed in the throat above the larynx, sealing around it to maintain a patent airway without entering the trachea.
- Risks: Generally fewer complications than endotracheal intubation, but less secure if the patient needs deep anesthesia or has a high risk of aspiration.

6. Video Laryngoscope Intubation

- Description: A video laryngoscope has a camera on the end, allowing the anesthesiologist to visualize the airway on a screen while placing the tube.
- Purpose: Used when there's difficulty with traditional intubation techniques, especially in patients with difficult airway anatomy.
- Technique: Similar to standard endotracheal intubation, but the video laryngoscope provides enhanced visualization.
- Risks: Similar to those of traditional intubation, though the added visualization helps reduce risks like trauma to the airway.

7. Tracheostomy Intubation

- Description: A surgical procedure where a tube is inserted directly into the trachea through a small incision in the neck.
- Purpose: Used for long-term ventilation in patients who cannot be intubated through the mouth or nose, or in emergency situations where other intubation methods have failed.
- Technique: A small incision is made in the neck, and a tube is inserted into the trachea.
- Risks: Higher risk of infection, bleeding, and long-term airway complications. Usually reserved for special cases.

8. Cricothyrotomy Intubation (Emergency)

- Description: An emergency procedure where a tube is inserted through the cricothyroid membrane (a space just below the Adam's apple) to secure an airway.
- Purpose: Used when other forms of intubation are not possible or have failed, typically in life-threatening situations.
- Technique: A small incision is made in the cricothyroid membrane, and a tube is inserted directly into the trachea.
- Risks: Can lead to significant complications like bleeding, infection, or damage to the trachea, and is used as a last resort.
- Each type of intubation is chosen based on the patient's specific needs, the complexity of their airway, and the type of surgery or medical situation. The anesthesiologist assesses these factors to ensure the safest and most effective method of securing the airway.