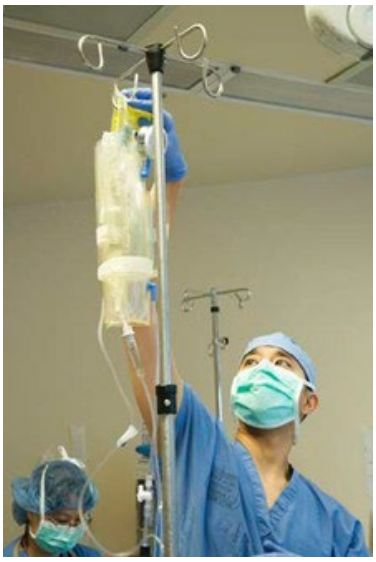
使用麻醉做放射科的检查或手术

本讲义解释了全身麻醉及镇静之间的区别。在某些可能会使患者感到不舒服或紧张的放射科手术和检查时、麻醉师即可提供这两种麻醉方式。下面解释了做全身麻醉或镇静后的预期效果、准备方法及注意事项。.

麻醉是什么？

全身麻醉是使用一种药物组合，能让患者在手术开始前进入一种类似深度睡眠的状态。如此在手术过程中，就不会有任何感觉，醒来后也不会记得。

对于全身麻醉，麻醉小组可能需要放置一个呼吸装置（插管），以提供氧气及麻醉气体。镇静是另一种麻醉方式，患者可能不会完全失去知觉，但会使用一些药物以获得安适感并缓解焦虑。



患者将通过静脉输液管接受麻醉药物。

如何做麻醉？

麻醉提供者会通过静脉注射导管将药物直接注入患者的静脉。麻醉师会使用静脉注射药物或麻醉气体来帮助患者在手术过程中保持睡眠状态。麻醉师将密切观察患者的心率、血压、呼吸及血氧水平，以确保患者能够很好地承受药物。

手术前

在手术之前，我们将评估患者的健康状况并审查患者的病史、任何过敏症以及目前正在服用的任何药物。患者也可能需要在手术前停止服用某些药物。

患者需要携带一份服用药物的完整清单。这包括医生开处方的药物，以及非处方的其他药物或补充剂。

如患者有以下情况，请务必告诉麻醉提供者：

- 患有 *睡眠呼吸暂停* 或其他呼吸问题（患者在睡眠时使用 CPAP 或 BiPAP 设备）
- 使用大剂量的处方止痛药，例如 *阿片类药物*（例如羟考酮或曲马多）
- 患有严重的心脏、肺或肾脏疾病
- 过去对麻醉有过不良反应
- 气管或吞咽有问题，或张口度受限
- 颈部有肿块（如囊肿或肿瘤）
- 舌头肿大或看不见扁桃体

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- 由于背部或呼吸问题，无法平躺 1 小时
- 在医疗程序中难以静躺
- 体重超过 300 磅（136 千克）
- 目前怀孕

麻醉前的准备

- 手术前一晚午夜 12 点后不要进食或饮水。
- 如需要服用药物，可以喝一小口水（少于 2 盎司）送服。

手术当天

- 在手术当天服用所有常用药物，除非医生嘱咐不要服用某种药物。
- 在麻醉当天请勿服用维生素及其他补充剂。他们可能会导致空腹的胃感到不适。
- 带一份**完整的** 药物清单来医院。
- 患者必须 有一位负责任的成年人陪同，他们可以在手术后开车送患者回家。患者不能自己开车回家或自己乘坐公共汽车、出租车或接驳车。
- 患者还需要安排从医院回家后，有人陪同度过余下的一天

到达医院后

- 工作人员将进行健康评估。
- 患者的亲友可以陪伴，直到进入手术室。
- 麻醉师将向患者解说麻醉的风险和益处。患者可提出任何的疑问。在回答完问题后，医生会要求患者签署一份同意书。
- 为了患者安全、医疗团队会要求患者再次确认姓名和生日。他们也将再次核对患者麻醉方式及将做的手术或检查。
- 如需要，将开始静脉导管输液，提供麻醉及其他药物。
- 患者入睡后，可能会插入呼吸管。

可能出现的副作用或并发症

与全身麻醉相关的副作用或并发症包括：

- 恶心及呕吐
- 喉咙痛或声音嘶哑
- 颤抖
- 牙齿、嘴唇或舌头受损
- 对麻醉药物过敏

以下是非常罕见的并发症：

- 呼吸问题
- 心率不正
- 心脏骤停（心脏病发作）
- 中风

做完手术或检查后

- 患者将在恢复室停留大约 2 到 3 个小时。护士会一直观察，直到患者完全清醒为止。
- 如手术涉及血管穿刺，患者将被送往医院的南区 4 楼病房。护士将观察 2 到 6 个小时，确保没有出血迹象。

在恢复期间：

- 我们会指导患者如何在家中进行自我护理
- 患者可能不太记得手术或检查的过程。这是正常现象。
- 大多数患者在完全清醒后即可进食和饮水。
- 护士会告诉患者何时可以安全离开。即在下列情况下：
  - 患者已经清醒并保持警觉。
  - 患者可以使用洗手间和行走。
  - **患者的负责人在场可带患者回家。**

回家后要遵守的重要事项

手术后 24 小时内，请勿：

- 驾驶
- 签署重要文件
- 饮酒
- 操作机械
- 负责照顾他人

有顾虑时的联系电话

华大医学中心和西北医院

工作日上午 8 点至下午 4:30., 请致电介入放射科：

- **蒙特湖院区**: 206.598.6209, 接通后请按 2
- **西北医院**: 206.598.6209, 接通后请按 3

海景医疗中心: 工作日上午 8 点至下午 4:30., 请致电介入放射科 206.744.2857.

周末及假日: 请致电 206.598.6190 请接线生传呼当值的介入放射科住院医生。

您有疑问吗？

我们很重视您的提问。当您有疑问或顾虑时；请与您的医生或医护提供者。

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206.598.6209, 接通后请按 2

华大西北医院–
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Anesthesia for Your Radiology Exam or Procedure

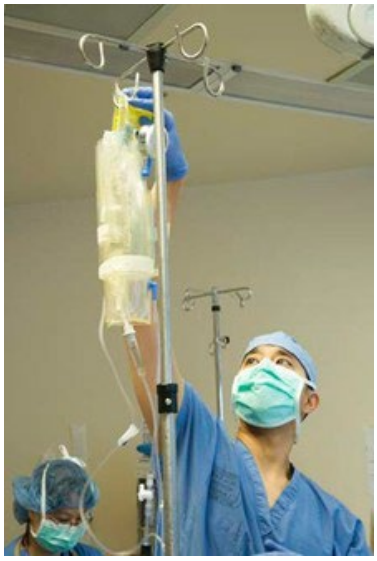
UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

This handout explains the differences between general anesthesia and sedation. Both can be provided by an anesthesiologist for radiology procedures and exams that might be uncomfortable or cause stress. It explains what to expect, how to prepare, and what to do after having general anesthesia or sedation.

What is anesthesia?

General anesthesia is a combination of medications that put you in a state that is like being in a deep sleep before your procedure begins. You will not feel anything during the procedure and will not remember it after you wake up.

For general anesthesia, your anesthesia team may need to place a breathing device (intubation) to give you oxygen and anesthesia gas. Sedation is another type of anesthesia where you may not be completely unconscious but will get medications for comfort and to relieve anxiety.



You will receive the anesthesia medicine through an IV line.

How will I be given the anesthesia?

Your anesthesia provider will give you the medication directly into your vein through an *intravenous* (IV) line. The provider will use either IV medications or anesthesia gases to help you stay asleep during the procedure. The anesthesia provider will closely watch your heart rate, blood pressure, breathing, and blood oxygen level to make sure you are handling the medication well.

Before Your Procedure

Before your procedure, we will assess your health and review your medical history, any allergies you have, and any medications you are taking. You may need to stop taking some medications before your procedure.

You will need to bring a complete list of all the medications you take. This includes medications your doctor has prescribed, as well as other medications or supplements that you take without a prescription.

Be sure to tell your anesthesia provider if you:

- Have *sleep apnea* or other breathing problems (you might use a CPAP or BiPAP device while you sleep)
- Use high doses of prescription pain medications, such as *opioids* (for example, oxycodone or tramadol)
- Have severe heart, lung, or kidney disease
- Have had a bad reaction to anesthesia in the past
- Know that you have problems with your airway or swallowing, or you have a limited mouth opening
- Have a mass (such as a cyst or tumor) in your neck
- Have an enlarged tongue or tonsils that cannot be seen

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- Cannot lie flat on your back for about 1 hour because of back or breathing problems
- Have a hard time lying still during medical procedures
- Weigh more than 300 pounds (136 kilograms)
- Are currently pregnant

Preparing for Your Anesthesia

- Do not eat or drink anything after 12 a.m. / midnight the night before your procedure.
- If you need to take medications, you may have small sips (less than 2 ounces) of water.

On the Day of Your Procedure

- Take all your usual medications on the day of your procedure unless your doctor told you not to take a certain medication.
- Do not take vitamins and other supplements on the day you will have anesthesia. They may upset an empty stomach.
- Bring a list of **all** your medications with you to the hospital.
- You **must** bring a responsible adult with you who can drive you home after your procedure. You cannot drive yourself home or take a bus, taxi, or shuttle by yourself.
- You also need to arrange for someone to stay with you the rest of the day after you get home from the hospital.

When You Arrive at the Hospital

- A staff member will do a health assessment.
- Your family member or friend can stay with you until it is time for your procedure to start.
- An anesthesiologist will review the risks and benefits of anesthesia. Please ask any questions you have. This doctor will ask you to sign a consent form after answering your questions.
- The medical team will ask you to confirm your name and birthday. This is for your safety. They will also review your anesthesia and your procedure or exam one more time.
- An IV line will be started to give you anesthesia and other medications, if needed.
- After you are asleep, you may have a breathing tube inserted in your throat.

Possible Side Effects or Complications

Side effects or complications linked with having general anesthesia include:

- Nausea and vomiting
- Sore throat or hoarseness
- Shivering
- Damage to your teeth, lips, or tongue
- Allergic reaction to the anesthesia medication

These complications are very rare:

- Breathing problems
- Irregular heart rate
- Cardiac arrest (heart attack)
- Stroke

After Your Procedure or Exam

- You will stay in the recovery room for about 2 to 3 hours. Nurses will watch you until you are fully awake.
- If you had a procedure that involved a blood vessel puncture, you will then go to the 4-South unit of the hospital. Nurses will watch you for 2 to 6 hours and make sure there are no signs of bleeding
- During your recovery time:
- We will give you instructions for self-care at home.
- You may not remember much about your procedure or exam. This is normal.
- Most patients can eat and drink once they are fully awake.
- Your nurses will let you know when it is safe for you to leave. This will happen when:
  - You are awake and alert.
  - You can use the restroom and walk.
  - **Your responsible person is there to take you home.**

Important Precautions at Home

For 24 hours after your procedure, do not:

- Drive
- Sign important papers
- Drink alcohol
- Use machinery
- Be responsible for the care of another person

Who to Call

University of Washington Medical Center and Northwest Hospital

Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department:

- **Montlake**: 206.598.6209, option 2
- **Northwest**: 206.598.6209, option 3

Harborview Medical Center: Weekdays from 8 a.m. to 4:30 p.m., call the Interventional Radiology Department at 206.744.2857.

After hours and on weekends and holidays: Call 206.598.6190 and ask to page the Interventional Radiology resident on call.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UWMC – Montlake:
206.598.6209, option 2

UWMC – Northwest:
206.598.6209, option 3

Harborview Medical Center:
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