**TYPES OF ANESTHESIA**

**General anesthesia** is a drug-induced complete loss of consciousness, intended to block the physiologic and conscious response to any painful or unpleasant stimulus. In layperson’s terms: you won’t feel a thing, or know it’s happening. This requires the anesthesia team to carefully monitor your breathing and overall safety. General anesthesia most commonly is initiated with an “induction agent” (such as propofol or sodium thiopental) and is maintained by careful use of an anesthetic gas (isoflurane, desflurane, sevoflurane or nitrous oxide) administered through a mask or a tube that goes down the throat.

**Regional anesthesia** involves the use of local anesthetic drugs, such as lidocaine, to block painful sensations in a certain part of your body. The anesthesia (or loss of sensation) is often accompanied by a lack of motor control or relaxation of the muscles. Regional anesthesia is almost always supplemented with sedation to enhance comfort and reduce anxiety; most patients who receive regional anesthesia are completely unaware of their surroundings. Regional anesthesia can be administered in several ways.

**Spinal anesthesia** involves an injection of local anesthetics into the spinal fluid, to produce numbness in the abdomen and lower body. It is effective for certain abdominal, pelvic and lower extremity procedures. Depending on which specific medications are used, the spinal block (also known as a subarachnoid block) can last for one to six hours. Spinal anesthesia is extremely safe but may be associated with low blood pressure and the possibility of a spinal headache that may be treated with one of several techniques. Any serious complication (including bleeding, infection and damage to the nervous system) is rare.

**Epidural analgesia and anesthesia** involves an injection of local anesthetics and painkillers into the space of the spine that surrounds the actual spinal cord. This technique often involves placement of an epidural catheter (a small plastic tube) that can also be used for postoperative pain relief. Depending on many factors, including your responsiveness to the medication, the epidural catheter may remain in place for up to five days following surgery. A member of our anesthesia team will visit each day to ensure that the pain relief is adequate and that any possible side effects (such as low blood pressure and itching) are not problematic.

**Peripheral nerve blocks** are used to deaden all sensation in one of your arms or legs. This involves an injection of local anesthetics around the nerves of the affected limb. Nerve blocks can be used for surgical anesthesia and for postoperative pain relief. More information on both upper and lower extremity blocks are available as individual downloadable PDF files.

**Heavy sedation or monitored anesthesia care (MAC)**

MAC is a form of drug-induced blunting of consciousness that can provide comfort during unpleasant procedures. To avoid possible respiratory and cardiac depression, and maximize your safety throughout the procedure, heavy sedation requires close and careful monitoring by the anesthesia care team. While awareness of your surroundings during MAC is very unlikely, it is possible and is not considered a failure of the technique.

**Local anesthesia** is an injection intended to “numb up” a small region of the body. This is used for simple procedures and does not require involvement of the anesthesia care team. Many local anesthesia procedures are performed in the doctor’s office.