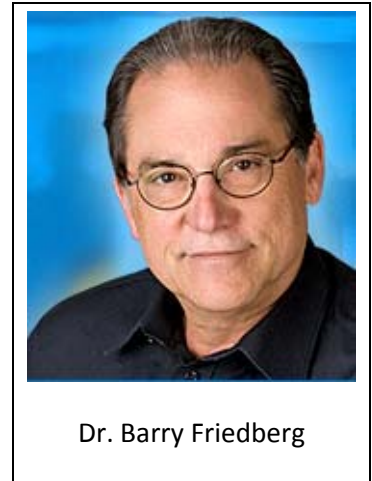


## Surviving Surgery

Dr. Barry Friedberg is an anesthesiologist who wants to lower the incidence of side effects from anesthesia. "A lot of people wake up from surgery not quite the same person they were before they went under because of the overuse of anesthetic drugs," said Dr. Friedberg, a board certified anesthesiologist who has been quoted in numerous medical journals and anesthesia textbooks. He suggests, for example, that patients ask their anesthesiologists to use a brain monitor during surgery. He also lectures to anesthesiologists and surgeons on safer, simpler, cost-effective techniques for better patient outcomes. Dr. Friedberg talks with us about ways that the patient can help reduce the dangers of surgery.



### About our guest:

Dr. Barry Friedberg developed the ultra-safe, ultra-comfortable PK anesthesia technique in 1992 and has been successfully educating the public and fellow anesthesiologists about it ever since. Dr. Friedberg has received a Congressional award for PK anesthesia's great safety and usefulness to the U.S. military in Iraq and Afghanistan. Benefits: Patients don't experience nausea, vomiting or grogginess in recovery. With PK anesthesia for cosmetic surgery, patients are never at risk for rare but sometimes fatal complications associated with general anesthesia (GA).

### About anesthesia

Anesthesia is some way of keeping the patient from feeling pain. Pain is felt in the brain, not in the body. Signals are passed from the part of the body that has been injured. When those signals reach the brain, they may be interpreted as pain.

Previously, the day before the surgery the anesthesiologist would interview the patient, review the pre-operative information, and discuss any problems or concerns. Now most patients arrive on the day of the surgery, which is not the time to have this talk. Concerns should be raised in the doctor's office, or in the pre-operative work-up.

Dr. Friedberg strongly recommends the use of a brain monitor to ensure that "you wake up from the surgery with all your marbles intact." If the amount of anesthesia is not adjusted exactly right, either the patient may feel pain during and/or after the surgery, or the brain may be over-treated with drugs, potentially causing side-effects of a temporary or potentially permanent nature.

"Your brain is the target for anesthesia. It's critical your brain response be measured with a brain activity monitor. Most anesthesiologists are not doing this," says Dr. Friedberg, a leading expert in the field for the past 12 years.

Thirty million Americans every year, including 7 million baby boomers, undergo surgery and anesthesia. Older patients are even more vulnerable to the risks of over medication.

"Your brain's safety in anesthesia depends on direct brain measurement. Unless your brain response to anesthesia gets measured, you will be over medicated," he said.

## **What You can Do to protect yourself**

### *Fair Disclosure*

It is critically important that the patient be scrupulously honest with the anesthesiologist about any and all drugs, medications, and herbal supplements being used within the last 30 days before surgery. Some herbal medications can interact badly with the medications in the anesthesiologist's service just as much as prescription drugs. Illegal or "recreational" drugs should also be disclosed, and several of them can cause problems.

People with chronic pain, who may be taking pain medications, are particularly tricky to anesthetize, since their systems are accustomed to higher levels of pain medication and may not respond as readily to anesthesia. This means that more drugs will be needed to put this person to sleep, increasing the danger of going just a little bit too high.

### *Insist on a brain monitor*

When you are first discussing your surgery, and where to do it, you should be sure to ask the surgeon whether a brain monitor will be used. You can say that you feel strongly that you want this service, so if the surgeon has a choice of hospitals or anesthesiologists, please choose the one that employs a brain monitor.

Settings where general anesthesia will be administered in a doctor's office are of particular concern, especially dental procedures or weight loss or other cosmetic surgery.

## **About PK**

Dr. Barry Friedberg developed propofol ketamine (PK) anesthesia to bridge the safety gap between purely local anesthesia and GA, to maximize patient safety in the office-based setting. Dr. Friedberg calls PK the 'safest achievable' anesthesia - no deaths or major complications since its inception in March 1992.

Propofol, a 'sleep' drug and the main drug in PK anesthesia, is also an anti-oxidant and powerful anti-nausea drug.

Using a brain monitor, the patient's individual response guides precise propofol dosing so the patient is first asleep before the ketamine is given. Then, the local anesthesia can be injected without pain. While the patient's body receives adequate local anesthesia, the mind does not hear, feel or remember the experience. This type of anesthesia helps the patient recover quickly, hopefully pain and nausea-free.

PK technique creates the illusion of general anesthesia, with the minimal trespass of sedation. Patients neither hear nor feel their surgery yet remain at the lightest level of anesthesia short of being awake. This is important because when you have less anesthesia, your risk for "PONV"--post-operative nausea and vomiting--is tremendously reduced.

<http://www.bio-medicine.org/medicine-news-1/Cosmetic-Surgery---PK-Goldilocks-Anesthesia-3A-All-of-the-Benefits--None-of-the-Risks-34860-1/>

<http://drfriedberg.com/published-articles.html>

## **About brain monitors**

Anesthesia over-medication kills one person every day. (Anesthesiology, April 2010, the journal of the American Society of Anesthesiologists). These deaths occurred because anesthesiologists are measuring the wrong thing.

F.D.A. approved and available since 1996, brain activity monitors are proven to work and avoid over medication, including death and varying degrees of impairment.

Dr. Friedberg has been promoting the use of brain monitoring as the "standard of care" for anesthesia since 2007. <http://www.medicalnewstoday.com/articles/86660.php>. Although BIS is most commonly used brand name, others include PSI, Entropy, Narcotrend, Cerebral State and SNAP.

Disclaimer: Dr. Friedberg has no financial involvement with any maker of brain activity monitors.

How can you know if a brain monitor will be used? Ask your surgeon or facility administrator.

If 'no' is the answer, tell them you will find a hospital or surgicenter that does brain monitoring with anesthesia. Taking a firm stand will get attention and, ultimately, more facilities will use brain monitoring with anesthesia.

"Public awareness of the serious risks of anesthesia without brain monitoring is the first step. Next is securing brain monitoring with anesthesia for all patients. As avoidable deaths and impairment is drastically reduced, the mission of the Goldilocks Anesthesia Foundation will be fulfilled," concludes Friedberg.

Anesthesia medicates the brain. Measure it.

Be your own patient safety advocate.

Ask for a brain monitor with anesthesia.

For more information: [www.GoldilocksAnesthesiaFoundation.org](http://www.GoldilocksAnesthesiaFoundation.org)

[www.drfriedberg.com](http://www.drfriedberg.com)