

Dr. Darren Teoh
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Anaesthesia

Anaesthesia is a reversible altered state, using pharmacological agents, where pain is not experienced during surgery or medical procedure.

Anaesthesia can range from Conscious Sedation (a semi-conscious state) to General Anaesthesia (involves loss of consciousness) to Local Anaesthesia/Regional Anaesthesia (where part of the body does not feel pain).

Specialist Anaesthetists

Specialist Anaesthetists are medical practitioners who have undergone an additional 5 years of full-time specialist training to deliver anaesthesia safely. The training also includes other aspects such as pain management, managing medical emergencies/crises, resuscitation/ advanced life support, post-operative care, and critically ill patient transfers.

Dr. Darren Teoh's professional qualifications and experience

Bachelor of Medicine and Bachelor of Surgery (MBBS) University of Melbourne 1998

Fellow of the Australian and New Zealand College of Anaesthetist (FANZCA) 2007

I have been practising as a full-time specialist anaesthetist for more than 10 years.

I currently work at the following public tertiary referral hospitals:

The Alfred Hospital (major trauma, neurosurgery, orthopaedics, plastics, vascular surgery)
Monash Medical Centre (obstetrics and gynaecology, paediatrics, ENT, urology, general surgery)

My other anaesthetic-related roles have included:

Anaesthetic Crises Resource Management Instructor
Effective Management of Anaesthetic Crises (EMAC) Instructor
Supervisor of junior trainee anaesthetists at Monash Medical Centre

Fasting Instructions

No food, drink or chewing gum for 6 hours prior to the scheduled time of surgery. If necessary, your child can have sips of plain water up to 3 hours before the scheduled time of surgery.

Medications

Regular medications should be taken with a sip of plain water on the morning of surgery, UNLESS specifically told not to take them e.g. aspirin, diabetic medications.

Special arrangements are made for diabetic patients. Please contact me for more advice.

What to expect on the day of surgery

One parent may accompany your child into the operating room. Your child will probably have an anaesthetic gas induction. A gas mask will be placed over your child's mouth and nose. Your child will usually be anaesthetized within 30-60 seconds. The anaesthetic gas has a strong pungent smell. You can assist by telling them to breathe through their mouths (and not through the nose) so that they won't be offended by the smell. You will be asked to leave the operating room once your child is anaesthetized.

Risks of Anaesthesia

Common side-effects of anaesthesia include headache, nausea and vomiting, sore throat, sore nose, muscle aches, emergence delirium and prolonged sedation.

Serious complications of anaesthesia are rare (safer than driving a car in Melbourne) but they include aspiration pneumonia, heart attack, stroke, paralysis, awareness, anaphylaxis, malignant hyperthermia, eye injury, dental damage and even death.

Please contact me if you wish discuss any particular anaesthesia-related risks that concern you.

24-hours-post-anaesthesia advice

Mild nausea and vomiting and sedation is not uncommon for the first few hours post anaesthesia.

Regular Paracetamol is usually all that is required for analgesia. For more severe pain, Ibuprofen can be used in addition to Paracetamol, but it can cause more bleeding.

Informed Financial Consent

Upfront payment of the total fee is required. You will be contacted by my rooms, prior to the date of surgery, for payment by credit card over the phone. Please ring my rooms on 94277899 to discuss alternative forms of payment.

The Medicare rebate and reimbursement from your private health insurance fund, unfortunately, does not cover the cost of my anaesthetic service.

This is mainly because these rebates/reimbursements have failed to keep up with inflation and the real costs of running a medical practice.

The amount reimbursed by private health insurance fund also varies between funds and this also has a bearing on the final out-of-pocket cost to you.

The table below details my fees (effective June 2017) and the approximate out-of-pocket cost to you:

| Duration of dental treatment | Total Anaesthetic Fee | Out-of-pocket cost (less Medicare rebate) approx. | Out of pocket cost for Private Health Funds Group A | Out-of-pocket cost for Private Health Funds Group B |
|------------------------------|-----------------------|---------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| 30 mins or less | \$550 | \$400-\$500 | \$300-\$400 | \$200 |
| 31-60 mins | \$650 | \$500-\$600 | \$300-\$500 | \$250 |
| 61-90 mins | \$900 | \$700-\$800 | \$500-\$700 | \$300 |
| 91-120 mins | \$1200 | \$800-1000 | \$500-\$800 | \$400 |
| 121-150 mins | \$1500 | \$1000-\$1200 | \$800-\$1000 | \$950 |

Group A Private Health Funds: Druids, Latrobe Health, NIB, NRMA, and others.

Group B Private Health Funds: BUPA (including HBA, MBF), HCF, Medibank Private, AHSA Member Funds including ACA Health, AHM, Australian Unity, Central West, CUA, CY Health, CBHS, Defence Health, GMF, GMHBA, Grand United Corporate Health, Health Care Insurance, HBA, Health Partners, Navy Health, Onemedifund, Peoplecare, Phoenix Health, Police Health, Teachers Federation Health, Teachers Union Health, Transport Health, Westfund and others.

NB. The exact out-of-pocket cost varies slightly between funds in this category because each fund pays a slightly different amount for each MBS item number.

NB. the anaesthetic fee may be higher if the procedure take longer than predicted or unexpected complications arise.