

Behind the Drapes of General Anaesthesia

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Dear Editor,

'Anaesthesia', a term coined from the Greek words 'an' and 'aesthesia', directly translates to 'loss of sensation'. Even in my early stages of anaesthesiology, I confirm that the scope and domain of the specialty surpasses the limitations of direct translation. In fact, anaesthesiology is multifaceted, extending beyond the boundaries of operating theatres, and plays an instrumental role in critical care, perioperative and pain medicine. It's time to filter out falsity and uphold that the expertise behind surgical drapes encompasses more than crosswords and Candy Crush^{1,2}.

Anaesthesia is fundamental during each phase of the perioperative continuum, from the very first contemplation of surgery through to postoperative recovery. Increasing age and multimorbidity has redefined the surgical population, rendering procedures once considered routine, increasingly challenging. Consequently, anaesthetic preparation is ever important, beginning long before initial incision, and requiring careful consideration to identify high-risk surgical candidates, personalise perioperative planning, and advocate for patient safety^{1,3}.

To assume that general anaesthesia involves injecting propofol and relaxing, is to disregard the high-reliability and critical nature of the specialty. In fact, the gravity of a general anaesthetic is instituted right from induction, where a precisely combined cocktail of anaesthetic agents is administered to intentionally induce unconsciousness. 'Putting a patient to sleep' is, therefore, only conducted under circumstances of minimal distraction, where undivided attention is devoted to the patient should rebound haemodynamic and ventilatory vacillations occur⁴.

The tone of intraoperative anaesthesiology is established by the specialty's meticulous attention to detail. Cues as subtle as pulse oximetry pitch oscillation engages the attention of an anaesthetist, an instinctual anticipation of potential physiological discord. Additionally, anaesthesiology's application of collaborative communication strategies scaffolds intraoperative teamwork, orchestrating harmonious interdisciplinary synchrony in polyphonic theatre

environments. It is through this knitting of theoretical knowledge and technical skill that anaesthetists commit to exemplary standards of excellence and prioritise patient-centred care.

As the finale of intraoperative anaesthesia approaches, agent administration ceases with metronomic precision. The surgery draws to a close, but the role of an anaesthetist is ever-important, remaining vigilant as patients transition through planes of consciousness. For this reason, emergence from general anaesthesia is a critical period of physiological vulnerability, viewed with equal importance as induction, and reiterating the significance of patient safety during each phase of general anaesthesia¹.

Let's filter out falsity by applauding the expertise and professional artistry required to deliver seamless anaesthesia.

Declarations of Conflicts of Interest:

None declared.

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