

To My Prospective Anesthesiologist,

I am scheduled for surgery in the near future so I am writing to you to let you know my specific concerns about going under anesthesia. I understand that my surgeon has confidence in you, and I will appreciate your consideration so that I can enter into this surgery knowing I can expect to have the best possible anesthesia experience.

My information and the solutions to my concerns are based on the popular book, *Getting Over Going Under* by Dr. Barry Friedberg, a practicing board certified anesthesiologist. Dr. Friedberg is also the author of *Anesthesia in Cosmetic Surgery*, written for doctors.

I understand the standard anesthesia practice is to over-medicate for fear of under-medication. I also am aware that anesthesia over-medication carries with it the risks of delirium, dementia and death – especially in patients over the age of 50.

Of my concerns, the most important to me is that I awaken from anesthesia without having lost any of my pre-existing mental faculties. Next in importance to me is that I not have postoperative nausea or vomiting (PONV). My final concern is that I not waken during my operation unable to communicate that I am experiencing the surgery.

All of my concerns can be met using the Friedberg Method of Goldilocks Anesthesia with BIS brain monitor. This method is clearly outlined at [www.drfriedberg.com](http://www.drfriedberg.com) and the science behind it is thoroughly explained.

As a brief summary, Dr. Friedberg's method avoids the use of the two kinds of drugs that most commonly cause PONV – intravenous narcotics and smelly gases, like iso-sevo- or desflurane that are also known to be oxidizing agents. Instead, he employs propofol, which is also an anti-oxidant in addition to being an anti-nausea drug.

His method also assures that the brain is protected from painful signals at the start of surgery. He points out that this can readily be accomplished with a 50 mg dose of ketamine given three minutes prior to surgical stimulation – either injection of local anesthesia in my incision or the surgical site.

I know that my concerns need to be heard by my anesthesiologist, because he or she is the only member of the operating team who can address them.

Since I understand I may not meet my anesthesiologist prior to surgery, please pass this information along to the person responsible for scheduling anesthesia well in advance of my surgery date so that any preparations to accommodate my requirements may be met.

Thank you for understanding and respecting my wishes for following the protocol described by Dr. Friedberg.

Yours sincerely,