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[Return to the listing of articles of February 23, 2003.](#)

'We can stop people's hearts'

Anesthesiologist important to every surgery



Ron Rittenhouse/The Dominion Post

Dr. Robert Johnstone (left), anesthesiologist at Ruby Memorial Hospital, prepares for a surgery in one of the hospital's operating rooms. Johnstone, also a WVU professor and chair of the department of anesthesiology at Ruby Memorial, said anesthesia is the most important thing most patients never think about. Anesthesiologists stay with patients every minute of every surgery.

By Kim Oriole

For The Dominion Post

They can stop your heart.

They can paralyze you.

They can make you forget everything.

But they're the silent, behind-the-scenes doctors who keep you alive.

They're anesthesiologists.

Dr. Robert E. Johnstone, WVU professor and chair of the department of anesthesiology at Ruby Memorial Hospital, said anesthesia is the most important thing most patients never think about.

"I think we're the infrastructure of the hospital," he said. "If you're really sick and in surgery, we are the last protection to keep you from dying."

You don't see them until you're going into the operating room.

But an anesthesiologist stays with each patient every minute of every surgery, from major, day-long brain operations to minor nips to repair a small hernia.

Johnstone said anesthesia is one of the most interesting jobs in a hospital.

Of course, he's a little biased.

He's been doing it nearly 40 years.

Johnstone himself has been responsible for nearly half a million operations. He and the 58 anesthesiologists at Ruby Memorial do about 20,000 a year.

As department chair, he is responsible for every procedure, whether he's there or not, so he counts each successful operation.

And it never gets boring.

"You never know what's going to happen," Johnstone said. "As we like to say, it's hours of boredom broken by moments of stark terror."

The boredom, though it's a good kind of boredom, comes during a long, routine operation that goes smoothly, with stable blood pressure, heartbeat and other vital signs in the patient.

The terror comes when a call rings in that there's a gunshot victim in the ambulance on the way in, or when a patient on the table starts to slip away.

Then an anesthesiologist's mettle is tested. The drugs must be adjusted, or other drugs given, to bring the heart rate or blood pressure back up, to help control bleeding, or to keep the patient breathing.

It's that drama that keeps most anesthesiologists hooked.

"Anesthesia is so interesting. It's different every day. You never know what's going to show up in the ER," Johnstone said. "The essence of anesthesia is flexibility.

"You don't see burnout or mid-career changes," he said. "We have so much variety that we just don't run into that too much."

Anesthesia is an American invention, and anesthesiologists are full-fledged doctors, Johnstone said.

They go through medical school, then four more years of anesthesia specialty training. Johnstone said the basics of anesthesia are relieving pain and controlling patients' functions as they go through surgery.

"It's getting people through and supporting them," he said.

And it's all very high-tech now.

Anesthesiologists use specialized drugs with astonishing results.

"It is amazing," Johnstone said. "We can stop people's hearts, and an hour later, wake them back up. We make people unconscious and bring them back."

With different drugs, they control sleepiness, pain, muscle relaxation, reflexes, even amnesia.

By giving drugs in different combinations, they can create any effect they want -- from fully awake but pain-free to deeply unconscious with no memory.

Johnstone said a new trend is to keep patients as alert as possible as long as possible, knocking them out only right before their surgery.

"Most people want to have more control over their destiny, and we want them to," he said. "We want people to be able to answer questions and talk to us right up to the last minute. We can make the drugs set in quickly and wake people up very quickly."

And each patient is unique.

The kind and strength of each drug is geared to each individual, he said.

"Our highest priority is safety," Johnstone recently told a 74-year-old woman with Lou Gehrig's Disease before giving her a spinal anesthetic.

Her leg operation could have been debilitating, even fatal, with a general anesthetic because being "put under" slows the heart and puts patients on a respirator for the surgery.

In her weak condition, this woman may never have recovered, and she may have been forced onto a respirator

for life, Johnstone said.

With the spinal, she made it through the surgery and into recovery with few problems.

Johnstone said many people are afraid of anesthesia and surgery -- afraid they'll die or frightened that doctors will find something wrong with them, such as cancer, during the operation.

"With anesthesia, they have to trust somebody," he said. "They're afraid of something happening. It's like a fear of flying -- you're not in control."

But bad reactions and poor recoveries are rare, he said.

And the high-tech doesn't end when the operation is over.

After surgery, the anesthesiologist gets a big computer printout of all of the patient's vital signs.

The heart rate, blood pressure, temperature, oxygen saturation and other pressures and readings are recorded every six seconds.

Johnstone said anesthesiologists and doctors can use that printout if there are any questions or problems after the surgery.

He said it's especially important today to have a wealth of information because doctors and anesthesiologists have to make important and expensive decisions.

"About 16 percent of the gross national product is spent on health care," Johnstone said. "So, that's not spent on something else, like social security."

"And we deal at that intersection of high-tech and labor-intensive health care," he said. "We're making decisions on the expensive side of health care."

[Return to the listing of articles of February 23, 2003.](#)