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Preferred for Safer, and Faster, More Comfortable Recovery: PK Anesthesia

All The Benefits, None Of The Side Effects

Dr. Barry Friedberg invented 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 usefulness to the U.S. military on the battlefields of 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 conventional anesthesia.

Q: What is PK anesthesia, and how is it different from conventional anesthesia?

A. The P is for a sleep drug called propofol, and the K is for ketamine, which helps keep the brain from receiving information that the body is experiencing a painful injection for local anesthesia. General anesthesia is supposed to keep patients from feeling pain. Unfortunately, general anesthesia only stupefies the brain to prevent it from responding to the information of a painful injection. PK anesthesia keeps the brain from

receiving the pain message in the first place, essentially eliminating postoperative pain.

Q: What kinds of surgeries are best suited for PK anesthesia?

A. A patient who is medically stable is a good candidate – PK is not for emergencies involving chest pain, loss of blood, or shortness of breath. It is good for preplanned and routine surgeries ranging from cosmetic procedures to hernia repair and arthroscopic surgery. I happen to focus on cosmetic surgery because it's 'want' versus 'must have' surgery. I had enough of the latter during my 10 years at Hoag Hospital. I worked in open-heart surgery for five of those years. It's a nice change to take care of healthy people who aren't under duress.

Q: Why is the method of anesthesia so important in cosmetic surgery?

A. It's a safety issue. Nobody has to have cosmetic surgery such as liposuction, facelifts or tummy-tucks, so there are no acceptable risks or complications.

Q: Does PK shorten recovery period?

A. Yes, because it isn't marred by a difficult, groggy waking-up or the nausea and vomiting

that about a third of patients get from conventional anesthesia. There is significantly less post-operative care.

Q: Ketamine's reputation has not been so good among the medical community. Why?

A. Ketamine has a reputation for nasty side affects, especially hallucinations. That basically has kept two generations of anesthesiologists away from it. However, ketamine is very good at keeping the patient from hurting when we do the injection of local anesthesia. Propofol blocks the negative affects of ketamine, in addition to being an antioxidant and readily metabolized.

Before the advent of brain activity monitors in 1996, we had no way to measure directly the organ we were trying to medicate, the patient's brain. Instead, we used age and body weight as a starting point and then followed changes in heart rate and blood pressure to determine anesthesia levels. The routine was to overmedicate for fear of under-medicating. I was the first anesthesiologist in Orange County to use a brain activity monitor. It allows PK anesthesia to be guided by the patient's brain activity. I call it "Goldilocks anesthesia" because with



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PK, we don't administer too much or too little – it's always just right.

Q: How can people get their cosmetic surgeons or other doctors to use PK anesthesia?

A. Ask the surgeon, communicate with the anesthesiologist, and remember that PK has been around for a while – it isn't new – so anybody who gives anesthesia can provide the service. The Web site www.cosmeticsurgeryanesthesia.com is designed for both doctors and lay people, and is the best resource for learning about PK anesthesia.