Introduction

Anesthesia is a total or partial loss of sensation especially, tactile sensibility, induced by disease, injuries, acupuncture or, an anesthetic drugs as chloroform or nitrous oxide it cause local or general insensibility to pain with or without loss of consciousness induced by anesthetic drugs. (Anegela, 2007) .(Mosby, 2010) added that it is a drug administered for medical or surgical purpose depending on the method of administration and area of the body affected.

There are three main types of anesthesia: local, regional and, general. The type of anesthesia used for a surgical procedure is determined by several factors as: type and length of surgery, patient's health, preference of patient and physician (**Stanley**, **2011**).

The stages of anesthesia are divided into 4 stages, these stages occur when using inhalation anesthesia alone (general anesthesia) other drugs added will modify these stages:

Stage1 (induction, aka voluntary excitement). Stage2 (delirium, involuntary excitement). Stage3 (general anesthesia), plane I—Light anesthesia. Plane II—Medium anesthesia. Plane III—Deep anesthesia. Plane V—Too deep anesthesia. Stage4 (medullary depression) (**Franks**, 2004).

Mechanism of conscious loss (general anesthesia):

A general anesthesia acts by blocking awareness centers in the brain so that, amnesia (loss of memory), analgesia (insensibility to pain), hypnosis (artificial sleep) and, relaxation (rendering a part of the body less tense) occur, general anesthetic drugs produce loss of consciousness and abolish and reduce movement in response to noxious stimulation (Alkire, 2006).

Stages of anesthesia recovery:-

There are four stages for recovery, stage 4-patient is unconscious or semi-conscious, stage 3-patient is conscious and all reflexes are present, stage 2-patient can either maintain himself in a sternal position, stage 1-All functions are normal (**Franks,etal. 2008**).

Complication of anesthesia:- all anesthesia types have some degree of risk, most side effects of anesthesia are not too common these complication are:

In General anesthesia: complication includes pushes reflexes of throat, aspiration and gagging reflexes, swallowing, coughing etc......there is one of very dangerous conditions that may be caused by general anesthesia, it is called malignant hyperthermia (MA) (Henery, 2007).

In local anesthesia: Complication occur when used properly local anesthetic are safe and have few major side effects. But in high doses, local anesthetics can have toxic effects. This may significantly affect on breathing, heartbeat, blood pressure, and other body functions (WebMed, LLC2, 2011).

In Spinal anesthesia: complication as it enters the cerebrospinal fluid around the spinal cord, the complication involve headache, infection at site of injection and, paralysis (Calgary, 2006).

In regional anesthesia: Complication occur when anesthetic drugs is injected close to a nerve, a bundle of nerves or, the spinal cord, in rare cases nerve damage can cause persistent numbness, weakness or, pain. Other complication include heart or lung problems, infection, swelling or bruising (hematoma) at the injection site (WebMED, LLC2, 2011).

Perioperative anesthetic nursing role:

Anesthetic nursing role before surgery: assessing of patient's physiological and psychological status before, during and, after surgery, identifying priorities and implementing care based on sound nursing judgment and individual patient's needs (Squidoo,etal. 2011).

Anesthetic nursing role during surgery: assisting and preparing the procedure room, supervising the transporting, moving and lifting of the patient, assisting anesthetists as requested during induction and reversal of anesthesia, positioning the patient for surgery, performing the surgical skin preparation (Squidoo, 2011).

Anesthetic nursing role after surgery: *Initial Care* A recovery room nurse provides constant care to patients immediately following surgery. This may be a time frame anywhere from 30 minute(**Tiret**, **2008**) Patient observation is an essential role of the recovery room nurse. On a regular basis, she takes the patient's vital signs. Recovery room nurses must react rapidly to signs of negative physical changes (**Roe**, **2009**).

Pain intervention: The nurse observes patients to assess their comfort level, asks patients about their level of pain, and administers pain relief medications that have been prescribed (Cohen, 2007).