

## **INTRODUCTION AND AIM OF THE WORK**

The term 'recovery from anesthesia' means to return to the pre-anesthetic state or return to the predrug state. Recovery is dangerous especially for a significant number of patients and it can be a life threatening process best managed by prompt intervention delivered by skilled medical and nursing personnel. For anesthesiologists, involvement in optimizing recovery from anesthesia is one component of perioperative medicine.

The recovery period starts as soon as the patients leave the operating table under the direct supervision of the anesthetist (*Aitkenhead and Smith, 1996*). The patients are expected to recover fully from the effects of surgery and anesthesia within a few days and resume their normal daily activities. Patients undergoing minor procedures under local infiltration or field blocks with mild sedation can usually bypass the PACU admission and recover with less intensive monitoring and coverage. As anesthetic techniques improve, some patients will meet the PACU discharge criteria in the operating room at the end of a general or regional anesthetic (*Sujit and Pandit, 1997*).

The recovery room should be an integral part of the operating theatre suite, and should be located within the clear area. Department of health guidelines suggest that there should be 1.5 places in the recovery area for each operating theatre, although a greater number

may be required if surgery with a high turn- over rate, e.g. gynaecology or day- case surgery, is common. Each place requires a minium floor area of approximately 10m<sup>2</sup>, and there must be sufficient space to move a patients without disturbing the remainder (Comier, et al., 1992). Drugs cupboars and storage space for equipment should be provided and in a large recovery area, several telephones are required. Nursing staff spend most of their time with the patients.

The postanesthesia care unit (PACU) often faces the task of simultaneously caring for patients waking up from routine surgery, patients recovering from regional anesthesia, critically ill postoperative patients and children emerging from the frightening world of anesthesia and surgery. The facilities and staff must be experienced and flexible to deal with these diverse situations well as meet the requirements of various users including surgeons and patients. The staff working within the unit are particularly skilled in airway management and pain relief. There is a high ratio of staff to patients which is usually on a one to one basis (Feeley and Macario, 2000).

This essay has been suggested to review the value of PACU, its design, equipment, personnel and efficiency to carry on its goal in practice anesthetic.