

You and your anaesthetic

Critical Care

Introduction

This leaflet gives information to help you prepare for your anaesthetic. It has been written by patients, patient representatives and Anaesthetists, working in partnership. You can find more information in other leaflets in the series. You can get these leaflets, and large print copies, from www.youranaesthetic.info. They may also be available from the anaesthetic department in your hospital. The series will include the following:

- Anaesthesia explained – a more detailed booklet
- Your child's general anaesthetic
- Having a spinal anaesthetic
- Epidurals for pain relief after surgery
- Headache after an epidural or spinal anaesthetic
- Dental work and general anaesthesia
- Having an eye operation under local anaesthetic
- Your tonsillectomy
- Your anaesthetic for aortic surgery
- Anaesthetic choices for hip or knee replacement.

Types of Anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

Local anaesthesia involves injections which numb a small part of your body. You stay conscious but free from pain.

Regional anaesthesia involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain.

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices
- Discuss the risks of anaesthesia with you
- Agree a plan with you for your anaesthetic and pain control
- Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery; they manage any blood transfusions you may need
- Plan your care, if needed, in the Intensive Care Unit
- Make your experience as pleasant and pain free as possible.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the risks, side effects and complications in modern anaesthesia?

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are approximately 10 deaths for every million anaesthetics given in the UK.

It is important to note that risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years; serious problems are uncommon.

To understand a risk, you must know:

- How likely it is to happen?
- How serious it could be?
- How it can be treated?

The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight
- Surgery which is complicated, is long, or done in an emergency.

People vary in how they interpret words and numbers. This scale is provided to help:

Very Common	Common	Uncommon	Rare	Very Rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000

Side Effects and Complications

More information on the side effects and complications listed here is in the leaflet 'Anaesthesia explained'.

- RA = This may occur with a regional anaesthetic.
- GA = This may occur with a general anaesthetic.
- LA = This may occur with a local anaesthetic.

Very common and common side effects:

RA	GA	Feeling sick and vomiting after surgery	
	GA	Sore throat	
RA	GA	LA	Dizziness, blurred vision
RA	GA	LA	Headache
RA	GA	Itching	
RA	GA	Aches, pains and backache	
RA	GA	Pain during injection of drugs	
RA	GA	Bruising and soreness	
	GA	Confusion or memory loss	

Uncommon side effects and complications:

	GA	Chest infection
RA	GA	Bladder problems
	GA	Muscle pains
RA	GA	Slow breathing (depressed respiration)
	GA	Damage to teeth, lips or tongue
RA	GA	An existing medical condition getting worse
	GA	Awareness (becoming conscious during your operation)

Rare or very rare complications:

	GA	Damage to the eyes	
RA	GA	LA	Serious allergy to drugs
RA	GA	Nerve damage	
RA	GA	Death	
RA	GA	Equipment failure	

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Before coming to hospital

Here are some things that you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help
- If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe (if having a general anaesthetic)
- If you have a long-standing medical problem such as thyroid problems, epilepsy or high blood pressure (hypertension) your GP should give you a check-up.

What preparations do you need to make for your operation or procedure?

Arrange to take at least one day off from work, school or college after the procedure. This is required following any general anaesthetic; you may need longer depending on what operation you are having. This will be fully explained at your pre-admission clinic.

Because you are having an operation and a general anaesthetic, it is important that you have someone to collect you from the hospital in a car or taxi and to look after you when you get home. If you are going home on the day of your operation, then you need somebody to be with you for 24 hours. If you are discharged the morning after your operation, somebody needs to collect you and be with you for the rest of that day.

It is vital that this is arranged before your hospital admission.

Before your Anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward, or when you meet your Anaesthetist. It is important for you to bring:

All the pills, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter, in their original packaging

A list of any allergies you may have.

On the day of your operation

Nothing to eat or drink – fasting ('Nil by mouth')

The hospital should give you clear instructions about fasting. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs.

If you are taking medicines

You should continue to take them as usual, unless your Anaesthetist or Surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions. If you are taking recreational drugs, you must tell the nurse, as this could lead to complications with your anaesthetic. This information will be treated with strictest confidence.

If you feel unwell when you are due to come into hospital, please telephone the ward for advice.

Your Anaesthetist will meet you before your operation and will:

- Ask you about your health
- Discuss with you which types of anaesthetic can be used
- Discuss with you the benefits, risks and your preferences
- Decide with you which anaesthetic would be best for you
- Decide for you, if you would prefer that.

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested.

The choice of anaesthetic depends on:

- Your operation
- Your answers to the questions you have been asked
- Your physical condition
- Your preferences and the reasons for them
- Your Anaesthetist's recommendations for you and the reasons for them
- The equipment, staff and other resources at your hospital.

Pre-medication (a 'pre-med') is the name for drugs which are sometimes given before an anaesthetic. Some pre-meds prepare your body for the anaesthetic, others help you to relax. They may make you more drowsy after the operation. If you want to go home on the same day, this may be delayed. If you think a pre-med would help you, ask your Anaesthetist, though they may advise against it.

A needle may be used to start your anaesthetic. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward nurses should be able to do this.

If you are having a local or regional anaesthetic, you will also need to decide whether you would prefer to be:

- Fully alert
- Relaxed and sleepy (sedation)
- Have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to put you into a 'drowsy' state, but you will still be able to communicate with staff throughout your operation.

When you are called for your operation:

- A member of staff will go with you to the theatre
- Children or adult patients with special needs may have their carer or parent go with them to the anaesthetic room
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on in place
- Jewellery and decorative piercing should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin
- Make up or body lotion, plastic nails or nail varnish should be removed
- If you are having a local or regional anaesthetic, you can take an iPod or MP3 player with you to listen to music through your headphones
- If you are able to, you will be asked to walk to theatre. If you are walking, you will need your dressing gown and slippers. If not, you will go to theatre on a bed or trolley
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.

The Operating Department ('Theatres')

Most anaesthetics are started in the anaesthetic room.

The Anaesthetist will attach monitors which measure your heart rate, blood pressure and oxygen levels.

When the Anaesthetic has started, you will go through to the operating theatre for the operation.

Local and Regional Anaesthetics

- Your Anaesthetist will ask you to keep quite still while the injections are given
- You may notice a warm tingling feeling as the anaesthetic begins to take effect
- Your operation will only go ahead when you and your Anaesthetist are sure that the area is numb
- If you are not having sedation you will remain alert and aware of your surroundings. A screen will shield the operating site, so you will not see the operation unless you want to
- Your Anaesthetist is always near to you and you can speak to him or her whenever you want to.

General Anaesthetics

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected into a vein through a cannula (a plastic tube inserted into your vein, usually in the back of your hand). This is generally used for adults
- You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are unconscious, an Anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness.

After the operation, you may be taken to the recovery room. Recovery staff will be with you at all times. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

Pain relief afterwards

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain.

Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**
These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.
- **Injections**
These are often needed, and are given either into a vein for immediate effect, or into your leg or buttock muscle. If in a muscle they may take up to 20 minutes to work
- **Suppositories**
These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit
- **Patient controlled analgesia (PCA)**
This is a method using a machine that allows you to control your pain relief yourself. The machine is set so that you cannot give yourself an overdose
- **Local anaesthetics and regional blocks.**
These types of anaesthesia can be very useful for relieving pain after surgery.

What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Questions you may like to ask your Anaesthetist

- Q Who will give my anaesthetic?
- Q Do I have to have a general anaesthetic?
- Q What type of anaesthetic do you recommend?
- Q Have you often used this type of anaesthetic?
- Q What are the risks of this type of anaesthetic?
- Q Do I have any special risks?
- Q How will I feel afterwards?

Going Home

Please remember that if you have been given a general anaesthetic, this can affect your memory, judgement and coordination. So, when you go home rest quietly.

For 24 hours after a general anaesthetic:

- Do not drive or operate any mechanical or electrical equipment such as a cooker or even a kettle
- Do not lock any doors behind you in case you feel faint or unwell when alone
- Do not do anything that requires fine coordination and judgement
- Do not sign any legal documents
- Do not drink alcohol
- Do not take sleeping tablets.

'If you have any further questions please telephone the Hospital switchboard on 01902 307999, and ask for the Pre-Operative Assessment Office – at either New Cross Hospital or Cannock Chase Hospital depending on which site you will be attending.'

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。