

# You and Your Anaesthetic

An information guide



# You and Your Anaesthetic

This leaflet gives basic information to help you prepare for your anaesthetic. It has been written by patients, patient representatives and anaesthetists, working in partnership.

## Some 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 (LA)** - Involves injections, which numb a small part of your body. You stay conscious but free from pain.

**Regional anaesthesia (RA)** - Involves injections of LA, which numb a larger or deeper part of the body. You stay conscious but free from pain.

**General anaesthesia (GA)** - Gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

## 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.
- 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.

## 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 sooner you give up 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 you have a long-standing medical problem** such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) you should ask your GP if you need a check-up.
- **Please remove all false nails, nail varnish, false eyelashes, make-up and body piercings before coming into hospital.** Also please do not use any body lotion on your skin on the day of your operation.

## 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 a list of:

- The pills, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter.
- Any allergies you may have.

## **The Pre-operative Clinic**

If you are having a planned operation you will be invited to a pre-assessment clinic a few weeks or days before your surgery.

The staff at the clinic will ask questions about your general health and will perform a basic examination such as listening to your lungs and heart.

Some additional tests will be organised if necessary, which often include blood tests and an ECG (heart tracing).

You are likely to be checked for certain important infections – usually by using a swab on your skin, or in your nose.

The staff will want to make an accurate list of the medicines you take. Please bring a list or the medicines and dosage or the medicine themselves in their boxes.

If you are allergic to anything, please inform the staff at the clinic so that it can be written down within your notes.

If necessary, arrangements may be made for you to see an anaesthetist (anaesthetic doctor).

Sometimes patients need a blood transfusion during or after the procedure. A blood sample will need to be prepared in case your surgery is likely to cause bleeding. Blood transfusions are generally avoided unless necessary.

You can ask for information about the risks and benefits of blood transfusion and you can also express your wish if you do not want to have blood products.

If you know you have high blood pressure, it is a good idea to bring a list of any recent blood pressure readings. This is because blood pressure can rise in a hospital clinic, and this may not be a true picture of your usual blood pressure.

## **More information**

This is a very useful opportunity for you to ask any questions that you have about the anaesthetic and about coming into hospital generally. If the staff do not have all the answers you need, they will be able to help you find out more.

## **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 (pulmonary aspiration).

The incidence of this happening is about 1 in 3,000 general anaesthetics. The risk of death associated with pulmonary aspiration is about 1 in 60,000.

Also, please **do not** chew gum or suck mints/sweets as this too generates stomach contents.

**If you are a smoker** - Please do not smoke on the day of your operation. This will help avoid breathing problems during your anaesthetic.

**If you are taking medicines** - You should continue to take them as usual, unless your anaesthetist, surgeon or pre-operative nurse 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 have any queries relating to your medication or procedure, then please telephone the ward as stated on your letter with your admission date and time.

**If you feel unwell** - Or have a cold on the day before your operation, then please telephone the ward/admissions unit as stated on your admission letter for advice.

Your anaesthetist will meet you before your operation and will ask similar questions to your pre-operative clinic assessment. This will include:

- Your health.
- Discussing with you which types of anaesthetic can be used.
- Deciding with you which anaesthetic would be best for you.

Sometimes patients find it hard to decide what type of anaesthetics to choose. Your anaesthetist will decide it for you if you prefer it.

**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 or if you want more information or time to decide.

**The choice of anaesthetic depends on:**

- The type of surgery you are having.
- Your general health.
- Your preferences.
- Your anaesthetist's preferences and experience

**Pre-medication** (a 'pre-med') is the name for the drugs which are sometimes given before an anaesthetic. Some of the pre-meds prepare your body for the anaesthetic, others help you to relax or reduce acid in your stomach. If you think a pre-med would help you, please ask your anaesthetist.

**A needle** will be used to start your anaesthetic. If you are worried about it please tell your anaesthetist who will be able to help you.

**When you are called for your operation:**

- A member of staff will go with you to theatre.
- 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 be able to keep using them.

- All jewellery and ear/body piercings should be removed if possible. If you cannot remove them the staff will cover them with tapes to prevent damage to them or to your skin.
- If you are having a local or regional anaesthetic, you may be able to bring your own music to listen to via headphones.
- Most people can walk to theatre accompanied by a staff member. However, if you have had a pre-med you may be taken to theatre in a trolley or a wheelchair.
- Final checks will be done once you arrive in to the operating department. 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 on the correct side of your body (if applicable).

### **People you will meet on your journey:**

- Porters
- Anaesthetists
- Theatre nurses (anaesthetic, scrub and recovery nurses)
- Anaesthetic assistants

### **Starting your anaesthetic**

Most anaesthetics are started in the anaesthetic room. The anaesthetist is working with a trained assistant. They will attach machines, which measure your heart rate, blood pressure and oxygen levels.

For all anaesthetics, including some types of local anaesthetic, a needle is used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. The needle cannot be avoided but there are things your anaesthetist can do to help you if you are worried about it.

When the anaesthetic is working, you will go through to the operating theatre for the operation.

## **Local and regional anaesthetics**

If you are having a local or regional anaesthetic:

- Your anaesthetist will ask you to keep quite still while the injections are given. The anaesthetic assistant will help you to keep still. You can always talk to them if you are uncomfortable. 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 and the procedure can be performed. A member of staff will stay with you all the time. You will be able to tell him/her if you are not comfortable.
- You will remain alert and aware of your surroundings, unless you are having sedation. A screen shields the operating site, so you will not see the operation unless you want to.
- If you are having sedation, you will be sleepy and relaxed. However, you may be aware of events around you and will be easily rousable.
- For regional anaesthetics, your anaesthetist is always near to you and you can speak to him or her whenever you want to. For local anaesthetics, other theatre staff may be looking after you.

## **General anaesthetics**

There are two ways of starting a general anaesthetic:

- Anaesthetic drugs may be injected into a vein through the cannula (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 will usually be taken to the recovery room. Recovery staff will be with you at all times. They will make sure you are as comfortable, pain free and free from nausea as possible. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

## **Spinal anaesthetic**

Almost any operation below the waist is suitable for a spinal and there are benefits for both you and your surgeon when a spinal is used. If you have a spinal, you can normally choose:

- To remain fully conscious.
- To have some mild sedation during your operation. This makes you relaxed and drowsy although you remain conscious.
- Occasionally a spinal anaesthetic can be combined with a general anaesthetic.

## **What is a spinal?**

A local anaesthetic drug is injected through a needle into the small of your back to numb the nerves from the waist down to the toes for two to three hours.

## **How is the spinal performed?**

- A needle will be used to insert a small plastic tube (a cannula) into a vein in your hand or arm.
- You will either sit on the side of the bed with your feet on a low stool or lie on your side, curled up with your knees tucked up towards your chest. In either case, the staff will support and reassure you during the injection.
- The anaesthetist will explain what is happening throughout the process so that you are aware of what is taking place 'behind your back'.
- As the spinal begins to take effect your anaesthetist will check its progress and test its effectiveness. You will feel some warm sensation, pins and needles in your feet. Your legs will become

very heavy and you will not be able to move them for few hours.

- Your anaesthetist will stay with you throughout the operation.

For more information about spinal ask your preoperative nurse or anaesthetist.

### **Pain relief after your surgery**

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 early. This is why it is very important for you to be involved with your own pain relief. If you think it could be relieved better, by either more or less pain relief please do not hesitate to tell your nurse. Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well; therefore, you should always report it to your nurses and seek their advice and help.

### **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 may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).

#### ***Suppositories***

These waxy pellets are put in your rectum (back passage). 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)***

A machine allows you to control your pain relief yourself. The medicine enters your body through your cannula. If you would like more information, ask for a leaflet on PCA.

## ***Local anaesthetics and regional blocks***

These types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in the leaflet Epidural pain relief after surgery ([www.rcoa.ac.uk/sites/default/files/documents/2020-05/05-EpiduralPainRelief2020web.pdf](http://www.rcoa.ac.uk/sites/default/files/documents/2020-05/05-EpiduralPainRelief2020web.pdf)).

Local anaesthetics may be given by a single injection near the nerve or, on occasion, by a continuous infusion near to the nerve. Not all nerve blocks are suitable for local anaesthetic infusions.

Local anaesthetics may also be given by an intravenous infusion during or shortly after your operation. This is a widely used but unlicensed use of local anaesthetics. Your anaesthetist will discuss this with you before commencing the infusion if possible and you will be closely observed throughout.

## **Understanding risk**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

### **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, long or done in an emergency.

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



Very common

1 in 10  
Someone in  
your family



Common

1 in 100  
Someone in  
a street



Uncommon

1 in 1,000  
Someone in  
a village



Rare

1 in 10,000  
Someone in  
a small town



Very rare

1 in 100,000  
Someone in  
a large town

## Side effects and complications

### Very common and common side effects

#### *Feeling sick and vomiting after surgery:*

Some operations, anaesthetics and pain-relieving drugs are more likely to cause sickness (nausea) than others. Sickness can be relieved with medication, but it may last from a few hours to several days.

#### *Sore throat:*

If you have had a tube in your airway, it may give you a sore throat for a few days.

#### *Dizziness, blurred vision:*

Your anaesthetic or loss of fluids may lower your blood pressure and make you feel faint. Fluids and/or other drugs will be given into your drip to treat this.

#### *Shivering:*

This may be due to you getting cold during surgery, a reaction to some drugs or to stress. You can be warmed very efficiently using a hot-air blanket.

### ***Headache:***

Most headaches can be treated with simple pain relievers. More severe headaches may occur after a spinal or epidural anaesthetic and may need special treatment.

### ***Itching:***

This is a side effect of strong pain relievers but can also happen as an allergic reaction to many products. If you have itchiness, it can be treated with other drugs.

### ***Aches, pains and backache:***

During your operation you may lie in the same position on a firm operating table for a long time. Great care is taken to position you, but some people still feel uncomfortable afterwards.

### ***Pain during injection of drugs:***

Drugs used may cause some pain or discomfort when they are injected.

### ***Bruising and soreness:***

This may occur around injection sites. It normally settles without treatment, but if the area becomes uncomfortable, the position of the drip can be changed.

### ***Confusion or memory loss:***

This is common among older people who have had an operation under general anaesthetic. It is usually temporary, but may last a few weeks.

## **Uncommon side effects and complications**

### ***Chest infection:***

A chest infection is more likely to occur in smokers and those with a "bad chest". This is why it is very important to give up smoking for as long as possible before your anaesthetic.

### ***Bladder problems:***

After certain types of operation and regional anaesthesia (particularly with a spinal or epidural), men may find it difficult to pass urine, and women tend to leak. To prevent problems, a urinary catheter may be inserted at a suitable time.

### ***Muscle pains:***

These sometimes happen if you have received a drug called suxamethonium. This is a muscle relaxant which is given for emergency surgery when your stomach may not be empty.

### ***Slow breathing (depressed respiration):***

Some pain-relieving drugs can cause slow breathing or drowsiness after surgery.

### ***Damage to teeth, lips or tongue:***

This may occur when the anaesthetist is securing the airway, particularly if this is difficult. Damage can also be caused to teeth if you clench them as you recover from the anaesthetic.

### ***An existing medical condition getting worse:***

Surgery imposes stresses on the body, and it is possible that this can cause an existing medical condition to get worse. All such conditions are closely monitored.

## **Rare or very rare complications**

### ***Awareness:***

This is a very rare complication, which can occur when muscle relaxants (drugs which prevent movement) are used. Modern monitoring allows anaesthetists to measure the anaesthetic in your blood thereby reducing this risk. However very sick patients may require very light anaesthetics increasing the risk of awareness.

### ***Damage to the eyes:***

Your eyes are protected with tape or padding. However, it is not always possible to prevent some sterilising fluids leaking past such protection causing some temporary discomfort.

### ***Damage to the larynx or oesophagus:***

Very rarely the larynx (windpipe) or oesophagus (gullet) may become torn or perforated when the breathing tube is placed in your windpipe. This may lead to difficulty swallowing, swelling of the neck or to infection around the larynx or oesophagus.

### ***Serious allergy to drugs.***

Allergic reactions will be noticed and treated very quickly. Very rarely, these reactions lead to death even in healthy people.

### ***Nerve damage:***

Serious or permanent complications involving nerve damage, paralysis or numbness following a regional LA block, spinal or epidural are very rare. Usually such problems are temporary and recover within 2-3 months. Nerve damage can also occur due to complications associated with surgery.

### ***Death due to anaesthetic:***

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. About one person dies as a direct result of anaesthesia, out of every 100,000 anaesthetics in the UK.

### ***Equipment failure:***

All equipment is monitored to give an immediate warning of any problems, and these failures rarely have serious effects.

### ***Unlicensed use of drugs:***

The vast majority of drugs used during your treatment will have been licensed for their use in this manner. Very rarely your

anaesthetist may feel that you will benefit from a drug being used for a reason which is not covered by the product licence for that drug. There will be a good reason for this which will be discussed with you beforehand if possible

### **How do I ask further questions?**

Ask the nursing staff or your anaesthetist.

Further sources of information about anaesthesia and pain relief are available from the website. [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

### **Questions you may like to ask your anaesthetist**

Who will give my anaesthetic?

Do I have to have this type of anaesthetic or pain relief?

Have you often used this type of anaesthetic or pain relief?

What are the risks of this type of anaesthetic or pain relief?

Do I have any special risks?

How will I feel afterwards?

**Notes:**





**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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