



Dorset HealthCare
University
NHS Foundation Trust

You and your Anaesthetic

Information for patients,
relatives and carers

A blue heart-shaped logo containing the text 'Excellence', 'Compassion', and 'Expertise' stacked vertically. 'Excellence' is in yellow, 'Compassion' is in white, and 'Expertise' is in orange.

Excellence
Compassion
Expertise

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 feel no pain.

General Anaesthesia gives a state of controlled unconsciousness. It is essential for some operations.

Anaesthetists

Anaesthetists are Doctors with special training who:

- Discuss types of anaesthesia with you to find out what you would like, helping you 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 well being and safety throughout your surgery.
- Manage any blood transfusions you may need.
- Make your experience as pleasant and pain free as possible.

Before coming into hospital

Here are some things 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. If you cannot stop, cutting down will help.
- If you are 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 longstanding medical problems such as diabetes, asthma, epilepsy or high blood pressure your GP should give you a check up.

Before your anaesthetic

You will be asked some questions to check your health. This may be at a pre-assessment clinic, by filling in a questionnaire or by talking to a doctor or nurse.

- Please bring a list of all medicines, herbal remedies or supplements you are taking, both prescribed and purchased over the counter.
- Please be aware of any allergies you may have.

On the day of the operation

Please follow the instructions you are sent about fasting carefully. If there is food or liquid in your stomach during your anaesthetic it could come up the back of your throat and damage your lungs.

If you are taking tablets you should continue to take them as usual, unless your surgeon or anaesthetist has asked you not to.

For example, if you take warfarin, aspirin, drugs for diabetes or herbal remedies, you will need specific instructions.

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

Your anaesthetist will see you before your operation and discuss your health, types of anaesthetic he/she may use, benefits, risks and your preferences. He/she will decide with you what will happen, or for you if you prefer that.

Nothing will happen to you until you understand and agree 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.
- The answers to the questions you have been asked.
- Your preferences and the reasons for them.
- Your anaesthetist's recommendations for you and the reasons for them.
- The equipment, staff and other resources available at your hospital.

Premedication

Drugs which relax the body are rarely given before day surgery as they can leave you feeling drowsy and delay you going home. If you think a premed would help you, ask the anaesthetist.

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. Please ask the theatre nurse if you would like this.

If you are having a local or regional anaesthetic you will also need to consider if you would like to be fully alert or relaxed and sleepy by being given a drug to induce a 'sleepy like' state.

When you are called into the operating theatre

- Your nurse takes you on a trolley.
- A relative/friend may be able to come if you especially wish.
- You can wear glasses, a hearing aid and dentures until you are in the anaesthetic room.
- The anaesthetic nurse who helps the anaesthetist will check your name band and may ask you about your medical details. The nurse will do a final check that you are having the right operation.

- In the anaesthetic room the nurse will attach a blood pressure cuff and three sticky pads to record your heart beat. The nurse may put a peg on your finger to record your pulse.
- When the anaesthetic has started you will be wheeled through to the operating theatre.

General Anaesthetics

- Are usually started through a special needle (cannula) which the anaesthetist will put into a vein in your hand or arm.
- Some anaesthetists may give you oxygen to breathe through a mask before you have the anaesthetic drugs.
- The anaesthetic can be given by breathing through a mask if you prefer.
- When you are unconscious the anaesthetist will stay with you and continue 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.
- You will be taken to the recovery room and the recovery nurse will be with you all the time.
- When they are satisfied that you are safely recovered you will be wheeled back into the ward.

Local and Regional Anaesthetics

- Your anaesthetist will ask you to keep quite still while the injection is given.
- You may notice a warm tingling feeling as the anaesthetic takes effect.
- The operation will not start until you and your Doctor are sure that the area is numb.
- A screen can be erected to shield the operation from your view if you wish.
- Your anaesthetist is always near and you can speak to him/her whenever you want to.

Pain relief afterwards

Good pain relief is important and some people need more than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased or given in different combinations. Occasionally pain is a sign that all is not well so you should ask for help if you feel pain.

- Tablets or liquids to swallow 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 may be given into a vein for immediate effect or muscle (usually leg or buttock) taking 20 minutes to work.
- Suppositories are waxy pellets that are put into your back passage. As they dissolve the drug passes into your body. They are useful if you feel sick.
- Local anaesthetic may be given during the operation and can give effective pain relief for several hours. You may experience numbness during this time. Please discuss this with the nurse if it concerns you.

What will I feel like afterwards?

This will depend on your operation, anaesthetic and pain relief. Some of your ward mates may seem to be recovering faster than you. Do not worry, everyone is different.

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:

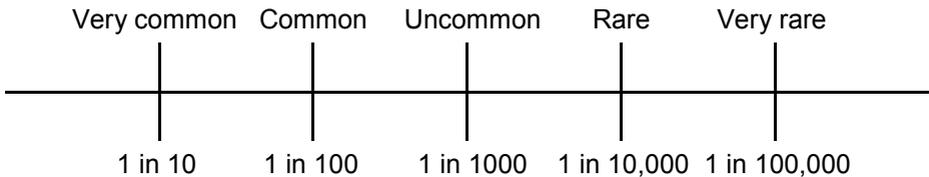
- How likely it is to happen
- How serious it could be
- How it can be treated

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 long, complicated or done in an emergency

People vary in how they interpret words and numbers.

This scale is provided to help:



RA means this may occur with regional anaesthesia.

GA means this may occur with general anaesthesia.

Very common side effects

RA GA Feeling sick and vomiting after surgery

GA Sore throat

RA GA Dizziness, blurred vision

RA GA Headache

RA GA Itching

RA GA Aches, pains, backache

RA GA Pain during injection of drugs

RA GA Bruising and soreness

GA Confusion and memory loss

Uncommon side effects and complications

- GA** Chest infection
- RA GA** Bladder problems
- GA** Muscle pain
- 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 eyes
- RA GA** Serious allergy to drugs
- RA GA** Nerve damage
- RA GA** Death
- RA GA** Equipment failure

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

The information in this leaflet is available in additional languages and alternative formats. Please contact the Trust for further details.

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