Information for Patients

Important information about your Anaesthetic

About this Leaflet:

Many people will be anxious or concerned before coming to hospital for an operation. This leaflet explains the process of having an anaesthetic and tries to answer common questions along the way.

- This leaflet is about your anaesthetic only. It does not contain specific information on what you should do to prepare for coming to hospital, your surgery or what will happen when you go home. There are other leaflets available covering these topics: please ask if you would like to see them.

Consent for Anaesthesia

In order for you to be able to consent for anaesthesia it is essential that you read all of this leaflet.

If you wish to have more information, please request our second leaflet ‘More about your anaesthetic’ from the receptionist when you come for pre-operative surgical assessment, or contact the Department of Anaesthesia (see the back page for details).

Who needs an anaesthetic?

If you are having an operation you will need some form of anaesthetic. Some patients will be unconscious (general anaesthetic), while others stay awake for surgery but are kept pain-free with a special injection (local anaesthetic).

What will happen to me?

What happens to you individually will depend on exactly what operation you are having. This leaflet does not replace individual discussions with your anaesthetist prior to surgery but describes general information. It is useful to consider the time ‘before the operation’, ‘in theatre’ and ‘after the operation’
Before the operation

Who will give the anaesthetic?
Your anaesthetic is administered by an anaesthetist. All anaesthetists are qualified doctors. Trained anaesthetists will have undertaken a long period of training and examinations after medical school in a process identical to physicians and surgeons. Trainee anaesthetists are supervised by trained anaesthetists.

Meeting the anaesthetist
Your anaesthetist will visit you before your surgery. The anaesthetist will ask you questions and explain what happens to you during your time in theatre. The anaesthetist may also examine you. This is the best opportunity for you to ask any questions you may have. Please make sure you raise any concerns you have about anaesthesia at this time. It may be useful to make a list of questions beforehand.

‘Pre-med’
You may be given drugs before surgery (a ‘premed’). This most frequently includes a pain-killer, or a drug to reduce sickness. Sometimes it also includes a drug to reduce anxiety. If you would like something to relax you before your operation please discuss it with your anaesthetist at the pre-operative visit.

Pre-operative Starvation
You will not be allowed to eat or drink for several hours before your operation (apart from your normal medications, which you should take as normal unless requested not to). This is purely for safety reasons. It is important that your stomach is empty before you are anaesthetised. As a general rule you should not eat for six hours before anaesthesia. Clear fluids (hot drinks without milk, fruit squash, water but not milk or fruit juice) may be drunk until three hours before anaesthesia. Please follow instructions you are given prior to admission.

Teeth
Please let the anaesthetist know about any dental problems (i.e. loose teeth and the presence of caps, crowns or dentures, even if in good condition) when you meet. While every effort is made to protect all teeth there is an increased risk of damage to damaged teeth, caps and crowns, especially at the front of the mouth: the overall risk of damage is very small indeed. If you have false teeth you will usually be asked to remove them before your anaesthetic. This is for reasons of safety. This can be done in the operating
theatre if you wish. Your dentures will be returned to you as soon as you wake up after your operation.

**Leaving the ward**

When ready you will be taken to theatre on a trolley or walking. You will be asked to confirm who you are and what operation you are having. These careful checks ensure the right person arrives for the right operation.

**In theatre**

**Arriving in the anaesthetic room**

In the anaesthetic room you will be asked some questions again, to make sure the right person has arrived and that everyone understands precisely what surgery is planned. Although repetitive this ‘check-list’ system is done for your good as it improves safety.

**Getting ready for your anaesthetic**

The anaesthetist will insert a fine tube into a vein, usually in your hand. You may find this uncomfortable for a few seconds. All the anaesthetic drugs go through this tube without the need for more needles. You may feel light-headed or sleepy as you are taken into theatre.

**In the operating theatre**

You will be moved onto the operating table and your anaesthetist will then start to administer your anaesthetic. Monitors are used to help ensure your safety while you are anaesthetised. These monitors are painlessly attached to you, before you are anaesthetised, and are taken off as you wake up.

**What exactly is a general anaesthetic?**

A general anaesthetic is a drug that makes you temporarily unconscious. You will be given one or several drugs to make you unconscious (‘send you to sleep’) followed by other drugs to keep you unconscious and safe.

**What do they do after I’m anaesthetised?**

The anaesthetist stays with you throughout your operation and keeps you safe. The anaesthetist pays attention to you at all times and fine-tunes the anaesthetic carefully in response to the surgery and your responses to it. At the end of surgery the anaesthetist ensures you wake up safely.
Local anaesthetic techniques

Some operations may take place using a local anaesthetic rather than a general anaesthetic. Local anaesthetic methods include spinal and epidural blocks, which involve an injection into the back. More information on these techniques is available separately.

Immediately after your operation

When you wake up, once your condition is stable, you will be transferred to a different room, called the recovery room or post-anaesthesia-care-unit. However you may not remember waking up until you reach the recovery room, or even the ward. You will be looked after by a specialist nurse. This nurse will ensure you are safe. If you have any pain or feel sick this will be treated. You will also routinely be given oxygen through a face-mask.

Drugs used ‘off licence’ during anaesthesia

When a drug manufacturer wishes to market (advertise) a drug it must specify the circumstances or ‘indications’ the drug is to be used for.

After due process the company then receives ‘market authorisation’ (previously known as a licence) to advertise the drug for this use. While the drug may only be advertised for uses that have ‘market authorisation’ the drug may also be useful for other conditions.

Doctors are not restricted to using drugs only for those indications that companies advertise them for. As an example most drugs cannot be advertised for use in children, but that does not prevent doctors being able to use them in children where necessary. When doctors use a drug outside of its ‘market authorization’ this is referred to as ‘off label’ or ‘off licence’ use. Where possible it is good practice to inform patients of use of drugs in such a manner. During an anaesthetic your anaesthetist may use several drugs ‘off licence’.

The most common circumstances are when your anaesthetist uses a drug to stabilise your blood pressure, or to improve pain relief either after a general anaesthetic or as part of a regional anaesthetic (spinal or epidural). These drugs will only be chosen for these uses when they are considered by your anaesthetist to be appropriate: balancing the drug’s effectiveness and safety with those of alternative drugs, if there are any.

Given the nature of anaesthesia it is not possible to discuss ‘off licence’ use at the time. This section is included to inform you of the possibility of use of drugs in this manner. If you would like to discuss this further please ask your anaesthetist. A full article on the topic is available at (www.aagbi.org/publications/anaesthesia_news/2010/feb2010.pdf p17-18).
After the operation

Will I be visited by the anaesthetist?
The anaesthetist, or a member of their team, will usually visit you after your operation to make sure that your pain is being well controlled, that you are not feeling sick and that there are no problems following your anaesthetic.

Pain relief.
All operations may cause pain. Pain-killers will effectively control this and you should usually have nothing more than mild pain. If you do have pain after your operation, ask for treatment as soon as you can. A separate booklet covering special forms of pain relief is available on all wards. Please ask for the ‘Pain Busters Booklet’.

Nausea and vomiting
Some people feel sick after operations, because of the operation, the anaesthetic or other factors such as antibiotics. Some people are particularly sensitive. If you do feel sick after your operation, ask for treatment as soon as you can.

Are anaesthetics safe?
Yes, they are very safe. The risk of serious complications from an anaesthetic for a healthy patient is very small indeed.

Complications after anaesthetics
You may have a dry or sore throat or feel light-headed but these symptoms usually settle within 24 hours. Other complications are rare (occurring less than 1 in 100 cases).

Serious complications of general anaesthesia such as feeling the operation, allergy, worsening medical conditions or death are very rare indeed. Some people worry particularly about spinal and epidural anaesthetics. These are also very safe. Fewer than 1 in 100 people get a bad headache after an epidural or spinal anaesthetic. The risk of a serious nerve injury (leading to permanent weakness or numbness) is very low indeed. After a spinal anaesthetic there is a risk of around 1 in 50,000 and after an epidural between 1 in 5,000 and 1 in 12,000. The risk of complications likely varies considerably depending on how fit you are before surgery: complications are more likely in patients who are unwell before surgery.

If you would like to discuss any of these risks further please ask your anaesthetist.
Infection and anaesthesia

General anaesthesia does not increase the risk of infection. However all invasive procedures, including putting in intravenous cannulae (drips) or nerve blocks, have a small risk of infection. The anaesthetist will take special precautions to minimise the risk of infection, but this risk cannot be eliminated entirely. As part of the surgical team the anaesthetist will often perform procedures or administer drugs, such as antibiotics, to reduce the risk of infection after surgery.

Going home and getting back to normal

You will be allowed to leave hospital when you are safe and well. As anaesthetic drugs disappear rapidly from your body, these are likely to have little effect on your recovery. However you are advised to take things easy for the first 24 hours after an anaesthetic and should be accompanied by a responsible adult during this time. You should not return to work, operate machinery or drink alcohol, for 24 hours after an anaesthetic. You should not make important decisions or sign legal documents during this period. You must not drive a car for a minimum of 36 hours after an anaesthetic. Your insurance will not be valid if you do: as insurers vary in their rules if you need to drive please check with your own insurer.

You will normally be given some pain killers to take home with you, and you will receive instructions on how to take them. If you normally take pain killers at home please inform your anaesthetist, so that they may advise you on when to re-start these.

It may take you considerably longer to recover from surgery itself. Your recovery will be helped by getting the right balance between rest and activity. Taking painkillers you have been prescribed will assist you to do this.

The second leaflet ‘More about your anaesthetic’ covers all the above information in more detail. Particularly there is more information about anaesthetics, anaesthetists and complications after anaesthetics. Several other topics are also covered including anaesthesia for children, intensive care, cancellation of operations, anaesthetic research and contacting the anaesthetic department.

Dr Tim Cook, Consultant Anaesthetist
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More information.

You may obtain more general information from your general practitioner before you arrive in hospital, or from the nurse looking after you on the ward. Further specific information can be obtained by ringing the Department of Anaesthesia (see above). If you have access to the internet the following websites may be helpful:

- [www.rcoa.ac.uk](http://www.rcoa.ac.uk) (Royal College of Anaesthetists). This website includes a lot of information about specific procedures and anaesthetic techniques.
- General information on your anaesthetic [http://www.rcoa.ac.uk/docs/yaya.pdf](http://www.rcoa.ac.uk/docs/yaya.pdf)
- Detailed information on anaesthesia [http://www.rcoa.ac.uk/docs/ae.pdf](http://www.rcoa.ac.uk/docs/ae.pdf)
- A pictoral aid to understanding risk as described in these leaflets [http://www.rcoa.ac.uk/index.asp?pageID=837](http://www.rcoa.ac.uk/index.asp?pageID=837)
- Children’s anaesthesia [http://www.rcoa.ac.uk/docs/ycca.pdf](http://www.rcoa.ac.uk/docs/ycca.pdf)
- [www.aagbi.org](http://www.aagbi.org) (Association of Anaesthetists of Great Britain and Ireland)
- [www.patients-association.com](http://www.patients-association.com) (Patients Association)

Separate RUH leaflet “More about your anaesthetic” issued April 2010 may be obtained from:

Department of Anaesthesia  
RUH Bath NHS Trust  
Combe Park  
Bath  
BA1 3NG

Phone: 01225 825056/7  Fax: 01225 825061  
Email: elspeth.alexander@ruh-bath.swest.nhs.uk

Larger print copies of the text or a copy of the text on tape can be obtained from Elspeth Alexander at the above address

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