

Your Anaesthetic

Please read all of this document

Consent for Anaesthesia

Anaesthesia is a medical procedure which requires your consent. Please read this leaflet fully so that you can properly consent to the benefits and risks of anaesthesia.

Anaesthetist

A doctor who has gone through specialist training to deliver anaesthesia and medical care around the time of surgery.

Pre-op Clinic

Some patients for major surgery or with complex health problems may be seen in a pre-operative (pre-op) clinic. However, the majority will meet the anaesthetist on the day of surgery. It might be useful to write down any questions you have. Most patients will be sent a link to the on line "my Pre-Op" platform and it is important you complete this as fully as possible.

Eating & drinking

You should not eat food, sweets, or chew gum for 6 hours before anaesthesia. You may however drink water freely up to two hours before your anaesthetic. Within the two-hour period you may take sips of water for comfort right up till you go into theatre.

Smoking

If you smoke or vape, giving up for 2 weeks before your anaesthetic significantly reduces the risk of complications.

Premedication

Often one or more medications may be given to you before you come to theatre. This can be to help with pain control after surgery or to reduce stomach acid.

Preparation

You should be, and stay, as fit and active as possible before anaesthesia. For more information on how you can best prepare or reduce your risk of complications visit; www.rcoa.ac.uk/fitterbettersooner

Teeth

Please tell your anaesthetist about any dental problems (i.e., loose teeth and the presence of caps, crowns or dentures - even if in good condition) when you meet. 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 small. If you have false, teeth you will usually be asked to remove these before your anaesthetic. 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.

Pain relief

All operations may cause pain. Painkillers will help to control this and you should usually have little more than mild discomfort. If you do have pain after your operation, ask for more pain relief as we have many effective treatments.

Driving

You must not drive a vehicle for a minimum of 24 hours after an anaesthetic. Your insurance may not cover you in the event of an accident.

You may be prescribed strong pain killers- 'opioids' such as Dihydrocodeine, Codeine, Tramadol or Morphine, after your operation. These can affect your ability to drive and

you should not drive if you feel impaired whilst taking these.

Recovery Ward

After your operation you will be taken to the Recovery Unit where you will be looked after and monitored by specialist nurses until you are ready to return to the ward.

What is Anaesthesia?

If you are having an operation, you will require some form of anaesthetic. This will depend on you and your operation.

General Anaesthesia

Unconsciousness is required for many operations. Your anaesthetist uses a combination of drugs to keep you unconscious and unaware.

Spinal/Epidural Anaesthesia

An injection of local anaesthetic medications around the spinal cord to numb the lower body for surgery. This may be combined with general anaesthesia or sedation. See overleaf for more details.

Regional Anaesthesia

An injection around specific nerves to make a certain area of the body (e.g., an arm or hand) numb and pain-free for surgery.

Local Anaesthesia

An injection into the skin that will numb a small area of the body.

Sedation

Medications given to make you comfortable and drowsy during an operation without loss of consciousness. This may be combined with spinal or regional anaesthesia.

Your anaesthetist stays with you throughout the operation.

Before your operation

It is important to think how you can best relax on the day of your operation as you may have to wait before your surgery.

Bringing reading material, or music and your headphones can be helpful.

You should take all your normal medications unless requested not to. The drugs you may be asked to stop before your surgery include *anticoagulants (blood thinners), blood pressure medications and certain medicines for diabetes.*

Before your operation you will get changed into a hospital gown and may be given anti clot stockings to wear. You will meet your anaesthetist and have your blood pressure and heart rate measured.

Cancellation

Cancellation of your surgery by the anaesthetist is rare. If this happens a full explanation of the reasons will be provided by your anaesthetist or surgeon.

In theatre

You will be asked 'check-list' type questions whilst in theatre, to confirm who you are and your operation. Although repetitive, this is for your safety and is recommended by the WHO (World Health Organization).

At the RUH, for reasons of safety we generally anaesthetise adult patients in the operating theatre.

In theatre monitoring equipment will be attached to you. A needle is inserted into a vein (usually on the back of your hand) to give medicines through. The next steps depend on what kind of anaesthetic you are having. See overleaf.

After Your operation

You will be able 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 must be accompanied by a responsible adult during this time. You must

not return to work, operate machinery or drink alcohol, for 24 hours after an anaesthetic. You must not make important decisions or sign legal documents during this period.

Will I be visited by the anaesthetist?

Usually the answer is yes, an anaesthetist may 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

Some patients (having 'day surgery' procedures) may leave the hospital even before the operating list has finished. In this case the anaesthetist will still be busy in the operating theatre. You may wait if you have specific questions you wish to ask.

What happens?

The anaesthetic team will start by attaching your routine monitoring. After this, they will insert a cannula (plastic tube) into one of your veins using a small needle.

General anaesthesia

Anaesthetic drugs are given through the cannula. As you drift off to sleep, you may feel light-headed and your arm may ache. These sensations will have gone when you wake up.

Once anaesthetised, you will not be aware of anything until your operation has finished, and you are woken up. Your anaesthetist stays with you throughout the operation.

Spinal anaesthesia

A spinal anaesthetic is an injection of medicine between the bones of your lower back into the fluid around the spinal cord. This makes the lower part of the body numb so you do not feel pain. This may be all that is needed for an operation, but sedation or a general anaesthetic may be added when needed.



You will usually sit on the edge of a bed for the injection. First some local anaesthetic is injected into the skin which may sting at first but will make the skin numb. Then local anaesthetic is injected into the fluid around the spine, using a very fine needle.

You may experience some pins and needles or shooting pains in either of your legs. If you experience this let your anaesthetist know.

Your legs will soon become numb and heavy and you will be unable to lift them.

It takes around 2-4 hours until the feeling in your legs returns to normal. You will experience pins and needles as sensation returns and may feel a little unsteady on your feet. A nurse will check recovery before you are able to stand and walk.

In some settings a spinal anaesthetic may have advantages over a general anaesthetic. Benefits may include lower risk of chest infection or breathing problems, good pain relief, less nausea and vomiting, less need for sedating drugs and a quicker return to normal eating and drinking.

Epidural anaesthesia

This is like a spinal anaesthetic but includes placing a small plastic tube in your back close to nerves and the spinal cord. This can be used to provide pain relief for several days after your operation.

An epidural is only used for major surgery and is usually combined with a general anaesthetic.

Its benefits are similar to a spinal anaesthetic but medicines can be given into the tube so it can be used for several days.

Some people cannot have an epidural due to blood thinning medications or previous back operations.

Sedation

You may be offered sedation during your operation; generally combined with a local anaesthetic technique. During sedation you are not unconscious but are given drugs that make sensations less clear and make you more comfortable. Perhaps the best description is of 'dozing'. You may fall into a natural sleep during sedation. Some patients have some recall of events while sedated but many do not. Your anaesthetist will adjust the sedation to your needs.

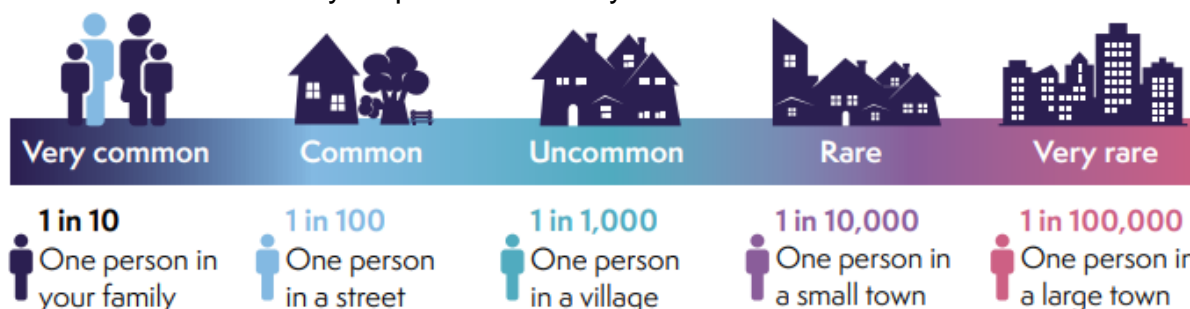
Risks of anaesthesia

Anaesthesia is generally very safe. Most people have no complications. However, when there are problems, these may range from mild to very serious

The safety and risks of anaesthesia depend on your general health and the nature of your surgery. For patients who have significant underlying health conditions risk is increased.

The infographic below shows how we describe risk. This and the following two pages give an overview of risks of anaesthesia and describe this for an average weight healthy adult patient. Your risk may differ.

The risks described are not exhaustive. If you have any questions or concerns let your anaesthetist know as early as possible so they can understand them and discuss them with you.



Which anaesthetic should I have?

Your anaesthetist will provide you with options, discuss your needs and provide expert advice on what type of anaesthetic is likely best for you and your operation.

This will enable them to recommend what anaesthetic technique best suits you and you can reach a decision together. For some operations and some patients only certain anaesthetics are suitable or advisable.

You should ask any questions, or raise any concerns you have, as early as possible so your anaesthetist can understand them and discuss them with you.

Risks of anaesthesia and sedation

Common events and risks in anaesthesia

This summary card shows the common events and risks that healthy adult patients of normal weight face when having a general anaesthetic for routine surgery (specialist surgeries may carry different risks).

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or equipment used which are usually not serious or long lasting. Risk will vary between individuals and will depend on the procedure and anaesthetic technique used. Your anaesthetist will discuss with you the risks that they believe to be more significant for you. You should also discuss with them anything you feel is important to you.

There are other less common risks that your anaesthetist will not normally discuss routinely unless they believe you are at higher risk. These have not been shown on this card.



VERY COMMON – MORE THAN 1 IN 10
Equivalent to one person in your family



Sickness



Shivering



Thirst*



Sore throat



Bruising



Temporary memory loss (mainly in over 60s)



COMMON – BETWEEN 1 IN 10 AND 1 IN 100
Equivalent to one person in a street



Pain at the injection site*



Minor lip or tongue injury



UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000
Equivalent to one person in a village



Minor nerve injury



RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000
Equivalent to one person in a small town



1 in 1,000
Peripheral nerve damage that is permanent



1 in 2,800
Corneal abrasion (scratch on eye)



1 in 4,500
Damage to teeth requiring treatment



1 in 10,000
Anaphylaxis (severe allergic reaction to a drug)



VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE
Equivalent to one person in a large town



The risks we all take in normal life, such as road travel, are actually far higher than the risks below.



1 in 20,000

Awareness during an anaesthetic



1 in 100,000

Loss of vision



1 in 100,000

Death as a direct result of anaesthesia

More information on these risks and how to prepare for surgery can be found on our website here: www.rcoa.ac.uk/patientinfo/risks/risk-leaflets

*The first Sprint National Anaesthesia Project (SNAP-1) Study. Br J Anaesth 2016 (<https://academic.oup.com/bja/article/117/6/758/2671124>).

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September 2019

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Risk specific to local & regional anaesthesia

Local and regional anaesthetic techniques are very safe and complications are uncommon. The area numbed or anaesthetised by the nerve block will feel weak and you may not be able to move it for many hours.

In less healthy patients the benefits of local anaesthetic techniques may be increased, but the risk of complications is also increased.

Side Effects / Risks

Common or uncommon

- Drop in blood pressure
- Itching / Shivering
- Being unable to pass urine
- Headache (≈ 1 in 200)
- Temporary numb area (1-2 weeks)
- Failure (Spinal ≈ 1 in 100 Epidural ≈ 1 in 10 Nerve block ≈ 1 in 10)

Rare or very rare

- Permanent Nerve damage (Spinal ≈ 1 in 50,000, Epidural ≈ 1 in 12,000, Nerve block ≈ 1 in 3,000)
- Paralysis (less than 1 in 100,000)
- Infection



More Information

You may obtain more general information from your GP 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. www.ruh.nhs.uk/For_Clinicians/departments_ruh/Anaesthesia

You may find the following websites helpful as they provide considerably more detail.



Royal College of Anaesthetists website including a lot of information about specific procedures and anaesthetic techniques. www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources



General information on your anaesthetic
<https://www.rcoa.ac.uk/sites/default/files/documents/2020-02/02-YourAnaesthetic2020web.pdf>



Spinal anaesthetic <https://www.rcoa.ac.uk/sites/default/files/documents/2020-03/03-YourSpinal2020web.pdf>



Epidurals and surgery www.rcoa.ac.uk/sites/default/files/documents/2022-06/05-EpiduralPainRelief2020web.pdf



Nerve blocks www.rcoa.ac.uk/sites/default/files/documents/2022-06/10-NerveBlocks2020web.pdf



Anaesthesia risks www.rcoa.ac.uk/patients/patient-information-resources/anaesthesia-risk (a series of leaflets and documents providing more detail)



Shared decision making www.cpoc.org.uk/shared-decision-making



Patients Association www.patients-association.com

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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Date of publication: May 2024 | Ref: RUH ANA/001
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