

# INFORMATION FOR PATIENTS

## More about your anaesthetic

This leaflet gives a more detailed explanation of your anaesthetic. You are unlikely to wish to read all of it, but may wish to have detailed information on some specific topics. I hope it will answer most of your questions. However, it cannot cover all questions and you may need to ask the ward staff or contact the anaesthetic department for additional information.

- *The leaflet is about the specifics of anaesthesia. It therefore does not contain specific information on preparation for coming to hospital, criteria for discharge or care following discharge.*
- *The leaflet also does not contain specific information about your surgery.*
- *The specifics of this leaflet do not apply to children.*
- *Other leaflets contain specific information on these topics: please request these if you would like more information on these topics.*

### **About anaesthetics and anaesthetists**

#### **What is a general anaesthetic?**

An anaesthetic is a drug that makes you unconscious for a short time. 'Having an anaesthetic' is the phrase used to describe the medical use of drugs to make a person unconscious, usually for an operation. Nowadays, during modern anaesthetics, a combination of drugs are used to allow operations to take place and to provide pain relief during and after surgery. Simple or complex combinations of drugs may be used according to the individual needs of the patient and the type of operation.

The commonest anaesthetic involves having a drug injected into a vein. This drug makes you unconscious ('sends you to sleep'). This is only the beginning of your anaesthetic and this drug will keep you unconscious for only a few minutes. The anaesthetist will then use more drugs (injections or gases) to keep you unconscious until the surgeon has finished operating. The anaesthetist will then ensure that you regain consciousness ('wake up') a few minutes after the operation has finished.

A 'local' or 'regional' anaesthetic is the use of drugs to make one part of the body numb so an operation can take place. This may be used together with, or instead of, a general anaesthetic.

### **Who will give the anaesthetic?**

The 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.

### **What does your anaesthetist do?**

First the anaesthetist must ensure that you are fit to have your procedure. The anaesthetist then keeps you safe while you are anaesthetised. The other priorities are to make your early recovery from surgery as comfortable as possible and finally to make the surgical conditions as favourable as possible, for the surgeon. As each anaesthetist looks after only one patient at a time, their full attention is directed at you while you are having your operation. He or she works with your surgeon as part of a complementary team.

The anaesthetist and an assistant stay with you throughout your operation and look after all aspects of your care, while you are in the operating theatre. In particular, this includes ensuring you are unconscious and free of pain during surgery. This is done by carefully giving appropriate drugs throughout your operation.

The anaesthetist makes sure your body and limbs are placed in a position that will not cause discomfort or injury. The anaesthetist makes sure you can breathe easily and safely. He/she stabilises your heart and circulation and looks after temperature control. The anaesthetist will not allow surgery to start until you are adequately anaesthetised and it is safe to do so. The anaesthetist responds to blood loss or other problems due to surgery and ensures that no harm comes to you.

When necessary, the anaesthetist gives fluid, blood and drugs to keep your body and circulation working normally. The anaesthetist gives drugs during your operation that ensure that most patients wake up free of pain and nausea.

After the operation further drugs are made available to treat pain or sickness, if they do occur. Anaesthetists are also able to help patients who are not having operations.

### **Before coming to hospital**

Specific instructions given to you, (by surgeons, anaesthetists or nursing staff) in other hospital literature should be followed. These are not covered in this pamphlet.

### **Before your operation**

#### **Meeting your anaesthetist**

Most patients are admitted on the day of surgery so the visit may not be until shortly before your operation. The anaesthetist will review your notes, ask you some questions and check on blood and other tests that have been taken. You may be examined. The anaesthetist will explain what happens in theatre and answer any questions you may have. Occasionally, your operation may need to be deferred if your condition means it would not be safe.

On rare occasions it may not be possible for your anaesthetist to visit you before surgery. If you have specific concerns about your anaesthetic see *more information* below.

### **Do I get any choice?**

Yes, there may be a variety of aspects of your care where you have choice. Your anaesthetist will discuss the various options that are suitable for your operation, and you should raise any particular preferences you may have. Your anaesthetist will help you consider those choices that are appropriate for you and advise you of the risks and benefits of each choice. This professional opinion is important and not all of your wishes will necessarily be possible. At the end of the discussion you and your anaesthetist will have agreed a plan for your care. Of course, nothing will be done to you without your permission.

### **'Premeds'**

The anaesthetist may prescribe drugs for you to take before surgery. This pre-medication ('premed') may include a pain-killer, a drug to reduce sickness or a drug to reduce anxiety. Most premeds are in tablet or liquid form. Occasionally a premed may be given as a suppository (tablet placed in the bottom) or an injection. Modern premeds are unlikely to cause side effects. If you have been told by your anaesthetist that you will have a premed and you do not receive it on time please ask your nurse, so it is not forgotten.

### **Stopping eating and drinking before your operation**

When you are anaesthetised it is important that your stomach is empty. If it is not there is a small risk that stomach contents could pass up your oesophagus (gullet) and enter your lungs. This can cause serious problems. To avoid this you are asked not to eat solid food for *six hours* before your operation. You may drink certain *clear fluids* up to *three hours* before your operation. Sometimes these periods of time need to be extended in order to allow flexibility in the operating lists. If you have queries about this ask your nurse.

### **Teeth**

While you are anaesthetised a tube is placed into your mouth and throat to control your breathing. It is important that the anaesthetist knows about any capped, crowned, loose or damaged teeth you have, so extra care can be taken not to damage them while the tube is positioned. Let the anaesthetist know about any dental problems you have. Occasionally, even with the greatest of care, teeth and dental work might be damaged. Loose teeth, whether false or your own, may lead complications during anaesthesia. To reduce these risks you will usually be asked to remove dentures before your anaesthetic. Your teeth can be given back to you as soon as you wake up after your operation.

## **In the operating theatre**

### **The anaesthetic room and getting ready.**

When you arrive in the anaesthetic room you will be asked some questions to make sure everyone understands precisely what surgery is planned. The anaesthetist will insert a fine tube into a vein, usually in the back of your hand. All your anaesthetic drugs can then be given through this without the need for more needles. You may feel

light headed or sleepy as you are taken into theatre but the anaesthetic usually takes place in the operating theatre, for reasons of safety.

### **Having a general anaesthetic: 'going to sleep'**

Once you are on the operating table and safe the anaesthetic will start. You may feel light-headed or dizzy. You may have an odd taste in your mouth. Your arm may feel cold, or occasionally sore. These feelings will last only a few seconds as the anaesthetic starts to work. Once anaesthetised, you will not be aware of anything until after your operation has finished, when you will be woken up.

### **Staying awake: local anaesthetic techniques**

Some operations may take place using a local anaesthetic rather than a general anaesthetic. A local anaesthetic involves making one part of your body 'go numb'. Spinal and epidural blocks involve an injection into the back. Some operations on the hand or arm are also performed with local anaesthetic. In these cases an injection is placed in your armpit or neck.

When a local anaesthetic technique is used you may be given sedative drugs as well. You may feel some sensations while your operation is performed even with an effective local anaesthetic, but you should not feel pain and your anaesthetist will stay with you throughout. Local anaesthetic techniques may also be used to provide pain control after your operation and in this case may be placed before or during your anaesthetic. It is increasingly common for local anaesthetics to be combined with general anaesthetics, particularly for major operations. In general this is considered safer and more comfortable for the patient. It also may help operating conditions for the surgeon.

### **What do they do after I'm anaesthetised?**

The anaesthetist stays with you throughout your operation and monitors your condition. This involves constantly fine-tuning the anaesthetic to fit your specific needs and the needs of surgery. At the end of surgery the anaesthetist ensures you wake up safely, removes monitoring and treatment equipment and transfers you to the recovery area.

### **What are monitors?**

The anaesthetist checks your condition throughout the operation. This is done in part by the use of machines. Before you are anaesthetised you will have some monitors (heart monitor, oxygen monitor and blood pressure monitor) attached to you. Other monitors are also used once you are anaesthetised (monitoring breathing in particular). The most important monitor is the anaesthetist.

### **Where will I go after my operation?**

Most patients are taken to the recovery or 'post anaesthesia care unit' (PACU) unit, where a trained nurse will look after you. This nurse will ensure you are safe during the immediate time after surgery. This includes observing you to detect and treat any problems that arise from your surgery or anaesthetic. While you are in the recovery unit you will be given oxygen through a face-mask. If you have any pain or feel sick this will be treated. It is best to ask for treatment for pain or sickness as soon as you notice it.

### **Intensive Care**

After major operations a few patients need to have special care in the Intensive Care Unit (ICU). Some patients who are less healthy may also need to be admitted to the Intensive Care Unit after more minor operations. If ICU admission is anticipated your

anaesthetist will discuss this, and why it is necessary, before your operation. Should the need arise, you will be transferred by appropriately trained staff. Once there a team of specialised anaesthetists and nurses will look you after.

## **After the operation**

### **Will I be visited after the operation?**

Usually the answer is yes. However some patients (having 'day surgery' procedures) are able to 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.

When you are visited, the anaesthetist will want 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.

For more major operations, your anaesthetist may visit for 48 hours or longer if needed. After this time, once the anaesthetist is happy all is well, it is unusual for the anaesthetist to continue visiting and your further care is then completed by the surgical team. Occasionally you may be referred back to one of the anaesthetists if advice or treatment of a complication is required. However if you wish to speak to your anaesthetist, at any time, please discuss this with your nurse or surgeons.

### **Is it safe? What complications can occur?**

Yes anaesthetics are very safe. However no medical intervention is without risk and in this respect anaesthesia is no different from other medical specialties. However, in anaesthesia, perhaps more than in any other field of medicine, training and practice is centred on patient safety. The risk of serious complications from an anaesthetic for a healthy patient is very small indeed. For patients who are less healthy, surgery and anaesthesia may be associated with greater risks.

*General anaesthesia.* Common minor complications that may occur after an anaesthetic include a sore or dry throat that usually settles within 24 hours. Nausea may be due to surgery or anaesthesia. You may feel light-headed or tired for some time after surgery and anaesthesia. Other complications are rare (occurring less than 1 in 100 cases).

Serious complications are possible, but very rare, and once again are more common for patients who are ill before surgery. Anaesthetists are trained to treat complications if they occur. Allergy to anaesthetic drugs is very uncommon and anaesthetists are trained to treat allergic reactions. Feeling the operation (an ineffective anaesthetic, also known as 'awareness') is very rare. Some hospitals report awareness in one in 500-1000 cases but the risk appears much lower in this hospital. Severe heart or lung disease that exists before surgery may be made worse both by surgery and anaesthesia. Any complications that may concern you are best discussed with your anaesthetist before surgery.

*Local anaesthesia.* Local anaesthetic techniques are very safe. 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. The commonest problem with nerve

blocks is that occasionally they do not work fully. This occurs in about one in 100 spinal anaesthetics, 1 in 20 epidural anaesthetics, and 1 in 10 arm or leg blocks. If this happens the anaesthetist will ensure you are comfortable by other means. Bruising after local anaesthetic blocks is usually minor. Headaches affect 1 in 100 patients after spinal and epidural anaesthetics and can be severe particularly in younger patients. Temporary areas of numbness or mild weakness after a nerve block occur in about 1 in 50-100 cases (depending on the area blocked). Permanent problems occur extremely rarely. Permanent major problems (such as permanent areas of weakness, numbness, pain or paralysis) occur about once in 20-100,000 cases (or 10-50 times in a million cases).

### **Pain relief**

All operations that require cutting of the body may cause pain. However with modern methods of pain relief you should expect to have nothing more than mild pain after most operations. This will allow you to start returning to normal activities as soon as possible after surgery.

Good pain control can only be achieved by administering pain-killers during and after surgery. Several drugs may be used and may be given by specialised techniques (PCA, epidural, spinal routes). A separate booklet covering these forms of pain relief (*RUH Pain Busters*) is available.

After surgery some pain-killers are given regularly, but some will only be given to you if you ask for them. In this case it is important that you *tell the nurse looking after you as soon as you have pain*. This will allow the nursing staff to give you pain-killers early enough to prevent your pain getting worse. If the nurses do not know you have pain they cannot treat it. There is no known advantage to being in pain after an operation.

### **Nausea and vomiting**

Nausea and vomiting may be due to your operation, your anaesthetic or other factors such as antibiotics. Some people are particularly sensitive and if you have felt sick after a previous operation, or suffer from motion sickness you should tell your anaesthetist. If you are concerned about this in any way, please discuss it with your anaesthetist. The anaesthetist can then use anaesthetic techniques that minimise the likelihood of nausea and vomiting.

If you do feel sick after your operation, drugs will be available to treat this. As with pain, the sooner you let your nurse know about this problem the sooner it can be treated. If you would like something to help with sickness please ask your nurse.

### **Other topics**

#### **Children**

Anaesthesia for children is a subject in its own right. However the principles of anaesthesia for adults and children are the same. It is usual for one (only one) parent to accompany a child (with the nurse) to the anaesthetic room. Please remember this is so you can provide support for your child. The anaesthetist has your child's safety as their prime concern, at all times. In emergencies and in some other situations you may not be able to stay, and you will be asked to leave before your child has their anaesthetic. This is done only when it is in your child's interests. It is important that when you accompany a child to the anaesthetic room you do exactly what the

anaesthetist asks and leave when instructed. Some parents find the prospect of being in the anaesthetic room frightening. If this is so, it is important to discuss this with your anaesthetist.

Children may be anaesthetised with an injection into a vein or by breathing gases through a mask. If an injection is used, a local anaesthetic cream ('magic cream') will be placed on your child's hand before coming to theatre, to reduce any pain, whenever this is possible. This cream is very effective and can start to work after as little as 5 or 10 minutes, though it needs about 20 minutes to be fully effective. It often causes a little reddening of the skin where it is applied but this soon returns to normal, once it is removed. If your child is under the age of 4-5 you may be asked to hold them on your lap as they go off to sleep. Your child will often wriggle as the anaesthetic starts to work: hold them tight! It is important to do as the anaesthetist asks. If you think this might be too upsetting or difficult for you, please let your anaesthetist know when they visit, before coming to the operating theatre.

After the operation your child will be taken to the PACU. The nurses will call you to PACU as soon as possible after your child 'wakes up'. The anaesthetist makes every effort to ensure that your child can wake up without pain or sickness after their operation. If necessary the specially trained nurses in PACU will treat any pain and nausea as rapidly as possible. Children are often disorientated after an anaesthetic and may be distressed because of this, even if they have no pain. Your calm presence in PACU is often very helpful for this.

Where necessary, painkillers will be prescribed for your child to take both in hospital and at home. These may be given regularly or just when needed.

### **Cancellations**

One of the reasons having an anaesthetic is very safe is because anaesthetists take special care to ensure all risks are minimised. Your anaesthetist's main role is to consider your safety before, during and after the operation. Occasionally, medical issues will arise or be discovered shortly before your operation. Sometimes these problems will be detected in the tests you had before the day of surgery. Some problems need correction before it is safe to undertake your operation. It is your anaesthetist's responsibility to ensure you are as fit as possible before you have your operation; if you are not, the operation may have to be delayed. These 'cancellations', for medical reasons, are avoided unless necessary and are very uncommon. They are done only for your safety.

### **Research**

Like all doctors, anaesthetists are involved in research, which aims to improve the quality and safety of the service they provide to patients. It is only through such research that improvements in patient care can be made. The anaesthetic department in Bath runs many research projects. You may be invited to take part in a research project, if you happen to be suitable. However you will **not** be involved in research unless you have given specific written consent. You will only be asked to give such consent after an explanation of the study. Be reassured your involvement in such research is entirely voluntary: if you do not wish to be involved in such research you should say no, and do not need to give any reason.

### **Contacting the Anaesthetic Department**

The Anaesthetic Department can be contacted, be it for information, to complain or to congratulate! Please write to the department co-ordinator Miss Elspeth Alexander, Department of Anaesthesia, Royal United Hospital, Combe Park, Bath BA1 3NG, email [elspeth.alexander@ruh-bath.swest.nhs.uk](mailto:elspeth.alexander@ruh-bath.swest.nhs.uk), or phone 01225 825056/7.

### **Difficulty in reading or seeing?**

If this information sheet is difficult for you to read we can arrange to provide you with a leaflet in larger type or a tape of the contents. Please contact the anaesthetic department co-ordinator as above.

### **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>
  - Detailed information on anaesthesia <http://www.rcoa.ac.uk/docs/ae.pdf>
  - Detailed information on specific risks <http://www.rcoa.ac.uk/index.asp?PageID=816>
  - A pictorial aid to understanding risk as described in these leaflets <http://www.rcoa.ac.uk/index.asp?PageID=837>
  - Children's anaesthesia <http://www.rcoa.ac.uk/docs/ycga.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)

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