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# You and Your Anaesthetic

## Anaesthetics, Theatres and Critical Care

*Information to help patients prepare for an anaesthetic*



This information booklet has been modified from one in a series produced by: The Royal College of Anaesthetists

Further more detailed information, can be read in the publication “Anaesthesia Explained”, also produced by The Royal College of Anaesthetists.

This can be viewed on-line at:

**[www.youranaesthetic.info](http://www.youranaesthetic.info)**

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### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you still remain concerned please contact our Complaints Manager on 01932 722612 or email [complaints@asph.nhs.uk](mailto:complaints@asph.nhs.uk).

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- RA GA Bruising and soreness
- GA Confusion or memory loss

### Uncommon side effects and complications

- GA Chest infection
- GA Muscle pains
- RA GA Slow breathing (depressed respiration)
- GA Damage to teeth
- RA GA An existing medical condition getting worse
- GA Awareness (becoming conscious during your operation)

### Rare or very rare complications

- GA Damage to the eyes
- RA GA Heart attack or stroke
- RA GA Serious allergy to drugs
- RA GA Nerve damage
- RA GA Death
- RA GA Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

## 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** 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 free from pain.

**General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

**Sedation** is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state. It makes you physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy). You may remember a little about what happened or you may remember nothing.

### Combining types of anaesthesia

Anaesthetic drugs and techniques are often combined, e.g.:

- A regional anaesthetic may be given as well as a general anaesthetic to provide pain relief after the operation.
- Sedation may be used with a regional anaesthetic. The regional or local anaesthetic prevents you from feeling pain,

and the sedation makes you feel drowsy and mentally relaxed during the operation.

Further information on some types of regional anaesthetics is available in separate leaflets, or on the following website:

[www.youranaesthetic.info](http://www.youranaesthetic.info)

## Anaesthetists

Anaesthetists are doctors with specialist training who:

- Discuss types of anaesthesia with you, hear your views, explain any choices available, and help you make those 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.
- Help to plan your care after the operation. This may be on a general ward, or, for patients with more complex medical problems, or having a major operation, in the High Dependency Unit or Intensive Care Unit.

More information about risks associated with having an anaesthetic can be found on [www.youranaesthetic.info](http://www.youranaesthetic.info)

This includes numerical risks for some of the side effects and complications listed in the next section.

People vary in how they interpret words and numbers.

This scale is provided to help.



## Side effects and complications

More information on the side effects and complications than is listed here is in the booklet 'Anaesthesia explained'.

RA = This may occur with a regional anaesthetic.

GA = This may occur with a general anaesthetic.

### Very common and common side effects

- RA GA Feeling sick and vomiting after surgery
- GA Sore throat
- RA GA Dizziness, short-term blurred vision
- RA GA Headache
- RA GA Bladder problems
- GA Damage to lips or tongue (usually minor)
- RA GA Itching
- RA GA Aches, pains and backache
- RA GA Pain during injection of drugs

## How soon will I recover?

Following a general anaesthetic your judgement and reactions may be affected for the first 24 hours. This means that you should not do the following during this time:

Drive; operate machines (including any used in cooking); take part in any activities which may be potentially dangerous; sign legal documents; or drink alcohol.

If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case you need to call for medical advice or help.

## 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.

## Before coming to hospital

You will, by now, have had a Pre-operative assessment (check of your health, drug treatment, any allergies, and home circumstances relevant to your recovery from your anaesthetic and operation). This is performed by a nurse trained in such assessment, and sometimes also by an anaesthetist.

Here are some things that you can do to prepare yourself for your operation:

- Stop smoking, or at least smoke less, for 6 weeks before the operation to reduce the risk of breathing problems. The longer you can give up beforehand the better.
- If you are very overweight, modest controlled weight loss.
- See your GP, if asked to at Pre-assessment, about any long-standing medical problems such as diabetes, asthma or high blood pressure to make sure they are as well-controlled as possible.

## On the day of your operation

### Nothing to eat or drink – fasting ('Nil by mouth')

The hospital will 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.

**If you are a smoker** you should 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 asked not to by the nurses in the Pre-assessment clinic, or by your anaesthetist or surgeon.** 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 feel unwell** when you are due to come into hospital, please contact us on the following telephone numbers:

**01932 722498** - If up to the day before the operation.

The telephone number on your admission letter if on the day of surgery.

Your anaesthetist will meet you before your operation and will:

- Check with you details about your health and current treatment, in case there have been any recent changes.
- Discuss with you which types of anaesthetic can be used, and the various options for pain relief.
- Discuss with you the benefits, risks and your preferences
- Decide with you which anaesthetic would be best for you

## Pain Relief Afterwards

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

More details can be found in the separate leaflet 'Post Operative Pain Relief', which is also available at Pre-op Assessment.

## What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health. Most people feel fine after their operation. Nonetheless, it is common to experience some less serious side effects (see section below "Side Effects and Complications").

You may have fewer of these side effects after a local or regional anaesthetic block. Until the block wears off, you will usually feel fine. However, when it has worn off, you may need pain-relieving medicines, which may also have side effects of their own.

More serious complications can happen, however these are uncommon or rare.

You can read more information about risks of side effects and complications below.

## 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.

With both methods, oxygen is often given through a mask before starting the anaesthetic to improve oxygen reserves.

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.**

## What happens afterwards?

After the operation, you may be taken to the recovery room. Recovery staff will be with you at all times, continuing some of the measurements which began before and continued throughout the anaesthetic, such as heart rate and blood pressure.

The recovery staff will also give you further drugs to make you more comfortable (e.g.: painkillers and drugs to relieve nausea and vomiting) if you need them.

When they are satisfied that you have recovered safely from your anaesthetic and are comfortable, you will be taken back to the ward.

- Decide for you, if you would prefer that.

### The choice of anaesthetic depends on:

- Your operation.
- Your answers to the questions about your health, your drug treatment, and any allergies you may have.
- Your physical condition.
- Your preferences and the reasons for them.
- Your anaesthetist's recommendations for you and the reasons for them.
- The equipment, staff and other resources at your hospital.

Premedication (a 'premed') is the name for drugs which are given before some anaesthetics:

- Some premeds prepare your body for the anaesthetic. For example, drugs may be given to reduce the amount of acid in your stomach if you have a hiatus hernia.
- Others help you to relax, and may make you more drowsy after the operation. If you want to go home on the same day, this may be delayed.
- For many anaesthetics, a needle is used to place a thin plastic tube (cannula) into a vein in the back of your hand or arm. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward nurses will be able to do this.

If you think a premed would help you, ask your anaesthetist.

**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 more time to decide**

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

- A member of staff will go with you to the theatre.
- A parent will normally also go with a child to the anaesthetic room.
- 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 keep them on.
- Jewellery and decorative piercing should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.
- You may go to theatre on a bed or trolley, or in a wheelchair. Many people walk, if they are able. If you are walking, you will need your dressing gown and slippers.
- Theatre staff will check your identification bracelet, your name and date of birth. They will ask you a few other questions as part of a final safety check that you are having the correct operation for you, and have been prepared for it.

## **The operating department ('theatres')**

Your anaesthetic may start in the anaesthetic room or in the operating theatre.

The anaesthetist and/or assistant will attach machines which measure your heart rate, blood pressure and oxygen levels. For many 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 is then removed, leaving the thin plastic tube in place. Both fluids and drugs are given through this plastic tube.

### **Local and regional anaesthetics**

(Further information is available in separate information booklets on spinal anaesthetics)

- Your anaesthetist will ask you to keep still while the injections are given.
- 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.
- If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to.
- Your anaesthetist is always near to you and you can speak to him or her whenever you want to.