

You and your anaesthetic

*Information to help patients prepare
for an operation under anaesthetic*

This leaflet gives basic information to help you prepare for your anaesthetic. It has been written by patients, patient representatives and anaesthetists.

You can find more information in other leaflets in the series at: <https://www.aagbi.org/news/information-public>

The website also includes articles about specific risks associated with having an anaesthetic.

For ideas on how to help you recover sooner from surgery you can look at: <https://www.rcoa.ac.uk/fitterbettersooner>

Some 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.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss types of anaesthesia with you and find out what you would like, helping you to 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
- plan your care, if needed, in the Intensive Care Unit
- make your experience as calm and pain free as possible.

Before coming to hospital

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

- **If you smoke** - giving up smoking several weeks before the operation reduces the risk of breathing problems during your anaesthetic. The longer you can give up beforehand, the better. Even cutting down will help.
- **If you are very 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 any medical problems** - such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure (hypertension) you should ask your GP if you need a check up.

Before your anaesthetic

You will visit the pre-assessment clinic and fill in a health questionnaire. The nurses at the clinic will go through those questions with you and also take your blood pressure, pulse and oxygen levels. They might take some blood samples or do an ECG.

It is important for you to bring a list of:

- All the **pills, medicines, herbal remedies or supplements** you are taking, both prescribed and those that you have purchased over the counter.

- Any **allergies** you may have.
- If you have come to hospital because of an acute health problem and you require urgent surgery, the ward staff will ask about your general health and order any investigations that might be needed. You might then be asked to either stay on a short stay ward or go home and wait for an operation slot. The co-ordinator will call you and ask you to come to hospital when this is available. You will see an anaesthetist before your surgery.

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 your pre-assessment nurse, anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes, some blood pressure tablets or herbal remedies, you will be given specific instructions. ***If you dont follow the instructions your operation might have to be cancelled.***

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

Your anaesthetist will meet you before your operation and will:

- **ask you** about your health
- **discuss with you** which types of anaesthetic can be used
- **discuss with you** the benefits, risks and your preferences
- **decide with you** which anaesthetic would be best for you. If you are having major surgery, or need an emergency operation the anaesthetist might decide to use special monitoring lines. These could be drips inserted into an artery to monitor your blood pressure (arterial line) or a drip inserted in your neck to monitor the fluid levels in you body (central line). The anaesthetist will explain the reasons for using those to you. These lines can be put in whilst you are asleep or under local anaesthetic. The anaesthetist will discuss the best way for you.

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.

The choice of anaesthetic depends on:

- your operation
- your answers to the questions you have been asked
- 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, others help you to relax. They may make you more drowsy after the operation. If you want to go home on the same day, this may be delayed. If you think a premed would help you, ask your 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 before you leave the ward. The ward nurses should be able to do this.

If you are having a local or regional anaesthetic, you will also need to decide whether you would prefer to:

- be fully alert
- be relaxed and sleepy (sedation)
- have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a drowsy state.

When you are called for your operation

- A member of staff will go with you to the theatre.
- A parent will normally go with a child in 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.
- If you are having a local or regional anaesthetic, you can take a personal CD or MP3 player with you to listen to music through your headphones.
- Most people are able to walk to theatre, please bring your dressing gown and slippers, if you cannot walk you will be offered a trolley or a bed/chair.
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.

The operating department ('theatres')

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

The anaesthetist will attach monitors 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.

Local and regional anaesthetics

- Your anaesthetist will ask you to keep quite 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.
- You may have some sedation. A screen shields the operating site, so you will not see the operation unless you want to.
- Your anaesthetist is always nearby and you can speak to him/her whenever you want to.

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.

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.

After the operation

After the operation, you may be taken to the recovery room. The recovery room will have men and women in. Recovery staff will be with you at all times.

When they are satisfied that you have recovered safely from your anaesthetic you will be sent to either a step down recovery unit or back to the ward.

Step down recovery unit

You will be sitting in a comfortable chair, the nursing staff will offer you a drink and a snack before you go home.

You will be given clear instructions about what to do and not to do at home.

You will be told whether you need to see your own doctor or whether a nurse will come and see you at home.

You will also be given any medication you might need in addition to your normal medication, such as painkillers.

Please do not leave until you are told you can and please arrange for somebody to take you home and stay with you for 24 hours.

Please note that for 24 hours after your operation you should:

- Have a responsible adult to stay with you for at least 24 hours.
- Eat and drink as you wish, but you must not drink alcohol.
- It is advisable to refrain from smoking for as long as possible after your operation.
- You will be advised by your nurse as to when you can bathe or shower after your operation.

After your anaesthetic for at least 24 hours you should not:

- Look after children alone during this time.
- Operate machinery or electrical equipment (including kettle/cooking equipment).
- Make any important decisions, including posting things on social media that you may later regret.

After a general anaesthetic you should not drive a car for at least 24 hours. This may be longer depending on the type of operation you have had and especially if you are taking strong painkillers, as your judgement and reaction time might be impaired.

Do not drive if symptoms or signs develop suggesting your driving may be impaired - such as sleepiness, poor coordination, impaired or slow thinking, dizziness or visual problems.

The ward

After most operations you should be able to go home on the same day.

Depending on the type of operation you are having and your general health the doctors might decide that you need to stay in hospital for one or more days. If this is the case a nurse from the ward will come and take you from the main recovery room to your ward.

Your family/carers/friends will be able to visit you there, you might still feel a bit sleepy from the anaesthetic and operation.

Pain relief afterwards

Good pain relief is important and 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.

Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**

These 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**

These are often needed, and may be intra-venous (through your cannula into a vein for a quicker effect) or intra-muscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).

- **Patient-controlled analgesia (PCA)**

This is a method using a machine that allows you to control your pain relief yourself. If you would like more information ask for a leaflet on PCA.

- **Local anaesthetics and regional blocks**

These types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in the leaflet 'Epidurals for pain relief after surgery'.

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. Side effects are listed further in this leaflet.

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.

People vary in how they interpret words and numbers.

This scale is provided to help.



More information about risks and side effects associated with having an anaesthetic can be found on:
<https://www.rcoa.ac.uk/patientinfo>

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, 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

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.

Questions you may like to ask your anaesthetist

- Q. Who will give me my anaesthetic?
- Q. Do I have to have a general anaesthetic?
- Q. What type of anaesthetic do you recommend?
- Q. Have you often used this type of anaesthetic?
- Q. What are the risks of this type of anaesthetic?
- Q. Do I have any special risks?
- Q. How will I feel afterwards?

Leaflet adapted with permission from the Royal College of Anaesthetics & The Association of Anaesthetists of Great Britain and Ireland.

We are committed to providing high quality care. If you have a suggestion, comment, complaint or appreciation about the care you have received, or if you need this leaflet in another format please contact the Patient Advice and Liaison Service on: **01924 542972** or email: **myh-tr.palsmidyorks@nhs.net**

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