

# You and your anaesthetic

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Information to help patients prepare for an anaesthetic

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

## Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

Throughout this booklet and the leaflets included in the series, we use the following symbols.



To highlight your options or choices.



To highlight where you may want to take particular action.



To point you to more information.

## 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 the type or types of anaesthetic that are suitable for your operation. If there are choices available, your anaesthetist will help you choose what is best for you
- 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
- 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 for at least 6 weeks before the operation reduces the risk of breathing problems during your anaesthetic, making your anaesthetic safer.
- 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 during the anaesthetic.
- If you have a long-standing medical problem such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure, you should ask your GP if you need a checkup.
- If you have a significant medical problem, or difficulty with a previous anaesthetic and you have any medical letters or information about this please bring this information with you. This will be useful, particularly if it relates to treatment that has occurred in another hospital.
- Please stock up with pain killers such as paracetamol and ibuprofen to treat postoperative pain following discharge from hospital as we do not supply these.

## Before your anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward, or when you meet your anaesthetist.





### **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.

## **On the day of your operation**



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

The hospital should 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.**



**If you are taking medicines, you should continue to take them as usual, unless your 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 or herbal remedies, you will need specific instructions.



**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
- decide for you, if you would prefer that.





**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 agree.



**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 sometimes given before an anaesthetic. 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 'sleepy-like' state.

## When you are called for your operation

- A member of staff will go with you to the theatre.
- 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 tape or CD player with you to listen to music through your headphones.



- Most people go to theatre on a bed or trolley. You may be able to walk. If you are walking, you will need your dressing gown and slippers.
- Final checks will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked to confirm your name, the operation you are having, whether left or rightside (if applicable), when you last ate or drank and your allergies. These routine checks are normal in all hospitals.

## Starting the anaesthetic

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will attach machines that measure your heart rate, blood pressure and oxygen levels.



Almost all anaesthetics, including some kinds of local anaesthetic, start with a needle being used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist. A needle cannot usually be avoided, but there are things he/she can do to help.

## 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.
- 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.

## 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, you may be taken to the recovery room. Recovery staff will be with you at all times. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

## **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 are given either into a vein for immediate effect, or into your leg or buttock muscle. If in a muscle they may take up to 20 minutes to work.

- **Suppositories**

These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit.

- **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.

### 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 opposite.

### 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.

Very common	1 in 10
Common	1 in 100
Uncommon	1 in 1000
Rare	1 in 10,000
Very rare	1 in 100,000



## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at

**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**



## Side effects and complications

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

**RA** = This may occur with a regional anaesthetic.

**GA** = This may occur with a general anaesthetic.

### Very common and common side effects

<b>RA</b>	<b>GA</b>	Feeling sick and vomiting after surgery
	<b>GA</b>	Sore throat
<b>RA</b>	<b>GA</b>	Dizziness, blurred vision
<b>RA</b>	<b>GA</b>	Headache
<b>RA</b>	<b>GA</b>	Bladder problems
	<b>GA</b>	Damage to your lips or tongue (usually minor)
<b>RA</b>	<b>GA</b>	Itching
<b>RA</b>	<b>GA</b>	Aches, pains and backache
<b>RA</b>	<b>GA</b>	Pain during injection of drugs
<b>RA</b>	<b>GA</b>	Bruising and soreness
	<b>GA</b>	Confusion or memory loss

### Uncommon side effects and complications

	<b>GA</b>	Chest infection
	<b>GA</b>	Damage to the cornea of the eye
	<b>GA</b>	Damage to teeth
<b>RA</b>	<b>GA</b>	An existing medical condition getting worse
<b>RA</b>	<b>GA</b>	Nerve damage to peripheral nerves
	<b>GA</b>	Awareness (becoming conscious during your operation)

### Rare or very rare complications

	<b>GA</b>	Damage to the eyes including loss of vision
<b>RA</b>	<b>GA</b>	Heart attack or stroke

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

- 1 Who will give my anaesthetic?
- 2 Do I have to have a general anaesthetic?
- 3 What type of anaesthetic do you recommend?
- 4 Have you often used this type of anaesthetic?
- 5 Will I be unconscious and completely unaware during this kind of anaesthetic?
- 6 What are the risks of this type of anaesthetic?
- 7 Do I have any special risks?
- 8 How will I feel afterwards?

You can find more information leaflets on the Royal College of Anaesthetists website [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo).

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