

Mater Misericordiae University Hospital



Eccles Street, Dublin 7, Ireland



YOU, YOUR ANAESTHETIC AND PERIOPERATIVE MEDICAL CARE

INFORMATION TO HELP PATIENTS
UNDERSTAND THEIR ANAESTHETIC AND
PERIOPERATIVE MEDICINE CARE

This leaflet gives basic information to enable *you to understand and give informed consent* for your anaesthetic and perioperative medical care. It has been written by anaesthetists, patients and patient representatives, working in partnership.

Throughout this leaflet, 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 as long and as rigorous as other specialist doctors such as surgeons, cancer specialists or cardiologists.*

The many roles of your anaesthetist include:

- discussing types of anaesthesia with you to find out what you would like, enabling you to make choices
- discussing the risks of anaesthesia with you
- agreeing a plan with you for your anaesthetic and pain control
- being responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery
- balancing your body's fluid needs
- managing any blood transfusions you may need
- delivering your care in the Intensive Care Unit, if needed
- making your experience as pleasant 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 several weeks before the operation reduces the risk of breathing problems.

The longer you can give up beforehand, the better. If you cannot stop smoking completely, 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 a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) your GP should give you a checkup.

Before your anaesthetic



You will be asked some questions to check your health before your operation. This may be at a **pre-anaesthetic assessment clinic**, or when you reach the hospital.

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



For your safety during general anaesthesia, you need to fast from **SOLID FOOD OR MILKY DRINKS** for 6 hours, and from **CLEAR WATER** for only 2 hours. There is no advantage to fasting for much longer, but it is important to **NOTE THE TIME OF YOUR LAST SNACK AND DRINK OF WATER** so that you can give accurate information to your anaesthesia doctor. E.g. If you are scheduled for morning surgery, you could have a light meal at 0200 (2 a.m.) and a large drink water at 0600.



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.

An 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, material 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 want the treatment suggested.

If you think you have any other information which may be relevant please tell your anaesthetist.



The choice of anaesthetic technique 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 think a premed might help you,ask your anaesthetist.



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).

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.
- A relative or friend may be able to go with you to the theatre area doors.
- A parent will normally go with a child.
- 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.
- 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')

Most anaesthetics are started in the anaesthetic room. The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels.

When the anaesthetic has started, you will go through to the operating theatre for the operation.

Local and regional anaesthetics

- Your anaesthetist will ask you to try 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.

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.

Your anaesthesia doctor will remain with you at all times and continue to give you drugs to keep you anaesthetised throughout the procedure.

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 on this device please ask.

- **Local anaesthetics and regional blocks**

These types of anaesthesia can be very useful for relieving pain after surgery. If you would like more information please ask.

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.

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:

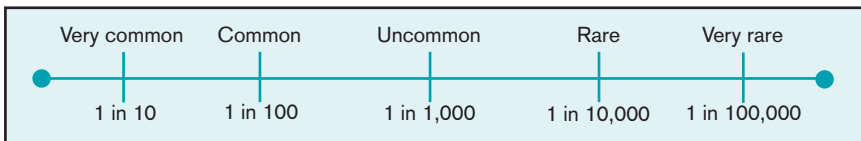
- how likely it is to happen
- how serious it could be
- how it can be treated.

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.



If you have any questions about risk please ask your anaesthesia doctor

Side effects and complications

RA = This may occur with a regional anaesthetic.

GA = This may occur with a general anaesthetic.

Very common and common side effects after anaesthesia and surgery include, but are not limited to:

RA GA Feeling sick and vomiting after surgery

GA Sore throat

RA GA Dizziness, blurred vision

RA GA Headache

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 after anaesthesia and surgery include

GA Chest infection

RA GA Bladder problems

GA Muscle pains

RA GA Slow breathing (depressed respiration)

GA Damage to teeth, lips or tongue

RA GA An existing medical condition getting worse

GA Awareness (becoming conscious during your operation)

Rare or very rare complications after anaesthesia and surgery include

- GA Damage to the eyes
- RA GA Serious allergy to drugs
- RA GA Nerve damage
- RA GA Death
- RA GA Equipment failure

There are less than 2-3 anaesthesia related deaths per million anaesthetics given.

Questions you may like to ask your anaesthetist

- Q Who will give 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 Are there any side effects?
- Q Do I have any special risks?
- Q How will I feel afterwards?

You will be asked to sign a “Consent Form” for your surgical or medical procedure and anaesthesia. It is important that you have read this leaflet and have had an opportunity to ask any questions you may have.



Tell us what you think

This booklet has been produced with reference to the guidelines published by the following professional organisations:



The Royal College
of Anaesthetists (UK)



The Association of
Anaesthetists of
Great Britain and Ireland

We welcome suggestions to improve this booklet. Please send these to:

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