

Your anaesthetic

Introduction

This leaflet gives you information about the general anaesthetic and/or sedation you will have before your operation.

Who is an anaesthetist?

Anaesthetists are qualified doctors who have had specialist training to care for you before, during and after surgery.

Who is in the anaesthetic team?

The anaesthetist has an assistant who is a nurse or an Operating Department Practitioner who will look after you during your surgery. One of their jobs is to make sure the correct operation is performed.

Will I see the anaesthetist before the operation?

Yes. The anaesthetist will meet you and make an assessment of any medical problems that you may have. They will also talk about the preparation for your surgery. The anaesthetist will discuss the best type of anaesthetic for you, taking into account your condition and your surgery.

What should I tell the anaesthetist?

The anaesthetist will want to know how healthy you are and if there are any particular problems that may affect this anaesthetic and surgery for example:

- Significant illnesses such as asthma, diabetes, heart disease, liver disease, kidney disease, high blood pressure, epilepsy
- Problems with previous anaesthetics or operations
- Problems that blood relatives may have had with anaesthetics
- Allergies you may have

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Anaesthetics

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Patient Information

- Anything else you might think relevant such as loose teeth or how much you drink or smoke
- The medications you are taking

Please bring all your tablets or inhalers into hospital with you.

Are there different types of anaesthetic?

Yes. With a general anaesthetic you will be asleep during your surgery. With local anaesthesia the area to be operated on is numbed with an injection. Epidural and spinal anaesthetics are given by an injection into your back (after first numbing your skin with local anaesthetic). For some operations this could allow you to be awake or alternatively the epidural or spinal can be combined with a general anaesthetic or sedation so that you are asleep throughout the operation.

How will I go to sleep?

Once in the anaesthetic room, various monitors are attached to you to measure your blood pressure and heart rate. Some oxygen may be given to you via a clear face mask before the anaesthetic. Usually the anaesthetic is given by an injection into a vein in the back of the hand or arm. Sometimes anaesthetic gases are given via a facemask instead of an injection.

Will I wake up in the middle of the operation?

If you are having a general anaesthetic this is extremely unlikely. The amount of anaesthetic gas in your breath is measured and monitored.

When and where will I wake up?

Most patients wake up in the recovery area though many do not remember anything until they are back on the ward.

Sometimes, following major operations, patients may be taken to the intensive care unit and are woken up a few hours later.

Wherever you are when waking up, there will be a doctor or nurse with you until you are fully awake.

**Patient
Information****Will I vomit or feel sick?**

Most patients do not vomit or feel sick. If you do feel sick let the nurse know so that you can be given something to treat it.

If you were sick after any previous operations, let the anaesthetist know so that they can give you something to make sickness less likely this time.

Should I stop drinking and eating before the operation?

Yes. To make vomiting less likely and for your own safety we like to make sure that your stomach is empty before an anaesthetic. Please do not eat anything for at least 6 hours before your surgery. This includes chewing gum, eating or sucking sweets or drinking tea or coffee. You can drink water for up to 2 hours before your surgery.

You will be given detailed instructions from the hospital about what time to stop eating or drinking.

Should I take my normal medication or tablets?

Yes. Please take your normal medication on the morning of your surgery unless you have been instructed not to by your consultant or pre-assessment team. The exception is that if you have tablets or insulin for diabetes; these should not be taken on the morning of surgery.

If you are taking warfarin or other tablets to thin your blood you will need to discuss this with your surgeon before admission.

Risks

Anaesthetics are very safe. However there is a risk with any surgery or anaesthetic no matter how minor. We work hard on minimising the risks to you.

Common side effects (about a 1 in 10 chance)

- Feeling sick or vomiting
- Dizziness
- Headache

Patient Information

- Sore throat
- Aches and pains

Uncommon but treatable complications (about a 1 in 1000 chance)

- Chest infection
- Medical problems getting worse
- Bladder problems
- Damage to your teeth such as chips or loosening
- Breathing problem

Rare complications (about a 1 in 10,000 chance)

- Serious but treatable allergy to a medication
- Nerve damage usually temporary

Very rare complications (about a 1 in 100,000 chance)

- Infection from a blood transfusion
- Death

If anything in this leaflet worries you or you have questions that we have not answered please discuss with your anaesthetist or your pre-assessment nurse.

Contact information

Pre-assessment/specialist nurse:

Tel: _____

Monday to Friday, 9:00am to 5:00pm

Further information

The Royal College of Anaesthetists
Website: www.rcoa.ac.uk/patientinfo

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