

NHS Forth Valley

You and your Anaesthetic

Patient Information Leaflet

Patient Name:

Planned Operation Date:

Planned Operation Time:

Planned Discharge Date:

A large, light blue, stylized wave graphic that curves across the bottom of the page, starting from the left and ending on the right, with a small dip in the center.

Anaesthesia

To have an operation you need an anaesthetic. Anaesthetics stop you feeling pain and other sensations. There are different types of anaesthetic:

- General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.
- Local anaesthesia involves numbing a localised part of your body.
- Regional anaesthesia involves numbing a larger part of the body such as an arm or leg or the lower half of the body. You stay conscious but free from pain.

Sedation with local or regional anaesthesia

You will usually have the option of remaining awake or getting drugs that will help you to relax or fall asleep.

The choice of anaesthetic depends on:

- your operation
- your physical condition
- your answers to the questions you have been asked
- your anaesthetist's recommendations for you and the reasons for them
- your preferences
- the equipment, staff and other resources at your hospital.

Anaesthetists are doctors with specialist training who:

- Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.
- Make your experience as pleasant and pain free as possible
- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices.
- Agree a plan with you for your anaesthetic and pain control.
- Discuss the risks of anaesthesia with you. Surgery and anaesthesia always have a degree of risk associated with them. Please read the section on *Risk* at the end of the booklet
- Plan your care, if needed, in the intensive care or high dependency unit.

You will usually have an opportunity to speak with your anaesthetist in advance of your operation. This will be an opportunity to discuss any issues so that the anaesthetic can be tailored to any specific needs.

Preparation for your surgery

The anaesthetist may discuss the use of a premedication (a 'premed'). This is the name for medicines which are sometimes given before an anaesthetic.

Some premeds prepare your body for the anaesthetic, others help you to relax. Other premeds help prevent nausea and vomiting, others help prevent pain postoperatively.

You will travel from your ward to the operating theatres area. Usually you will be pushed on a bed, but it may be possible for you to travel in a chair or walk.

When you reach the anaesthetic room you will have your blood pressure checked. We will monitor your heart and pulse with special equipment on the tip of your finger and on your chest.

Usually a small cannula (needle) will be placed into a vein, often on the back of your hand. It may be possible to apply cream to your hand before coming to theatre to reduce the feeling of any injection or jag. (ask the ward nurses or your anaesthetist if you would like this).

Surgery and anaesthesia in women of childbearing age

Routine surgery is avoided in women who are pregnant or believe they may be in the early stages of pregnancy. On admission you will be asked when your last menstrual period started and whether you could be pregnant. If your menstrual period is late or irregular and you are sexually active, you will be offered a pregnancy test. To minimise the risk of unrecognised pregnancy, you are advised to avoid unprotected sexual intercourse from the time of your last period up until your hospital admission.

General anaesthetics

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected into a vein through the cannula or needle. Sometimes you are asked to breathe oxygen through a mask before the drug is injected. This is called “preoxygenation”.

Or

- 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.

Local and regional anaesthetics

- Your anaesthetist will ask you to keep still while the injection is 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 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 site.

- However your anaesthetist may be able to make you lightly sedated or asleep depending on your condition and preferences.
- Your anaesthetist is always near to you and you can speak to him or her whenever you want to.

After the operation

Pain Relief (analgesia)

The anaesthetist will make sure that you are comfortable immediately after your operation. Good pain relief is important and some people need more pain relief than others. You should be able to cough and move freely after your operation. 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 in different combinations.

There are different ways of getting pain relief:

Pills, tablets or liquids to swallow

These are used for all types of pain. They may take up to half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work. To be most effective they often need to be taken regularly before pain builds up.

Injections

These may be given into your leg or buttock 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 (usually for more major surgery) using a machine that allows you to control your pain relief yourself.

Local anaesthetics and regional blocks

These types of anaesthesia can be very useful for relieving pain after surgery. Epidurals usually numb up a part of your body and can be very effective for pain relief after some types of surgery.

Going home

The pain after an operation usually subsides with time, ranging from days to weeks and months depending on the type of surgery.

If you are discharged home it is important to take regular pain killers for a period of time to cover any discomfort that you may have. The ward staff will advise.

If you are having day surgery or 23 hour surgery, please ensure you have a supply of painkillers at home as advised at the pre op assessment clinic.

Sickness (nausea) and vomiting

Certain operations and anaesthetics can cause sickness and vomiting after the operation. We do give treatments to reduce the chances of this happening.

If you have suffered from this before be sure to remind us so that we may take extra precautions.

Preparation for your surgery

Patients are respectfully requested not to bring in ANY aerosols into hospital as they can create health, safety and environmental problems.

There are some things that you can do to prepare yourself prior to having an anaesthetic.

- If you are very overweight, reducing your weight will reduce the risks of having an anaesthetic.
- You should inform nursing and medical staff of any medical problems, such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure.
- Stop smoking (See later section).
You should inform nursing and medical staff if you have any loose teeth or crowns, and if possible seek treatment from your dentist prior to your anaesthetic.
- You should inform nursing and medical staff of any allergies you may have to medicines, foodstuffs, plasters, rubber or latex.
- It is important for you to bring, on admission, your pills, medicines, herbal preparations or supplements you are taking, in their original boxes. The nursing or medical staff will advise you on what medication it is important for you to take prior to your anaesthetic.
- Your admission time will be either 8am or midday. This allows staff to complete all the necessary checks prior to your operation. The time of your operation can be between 9.00am-12.30pm or 1.30pm-5.00pm as circumstances affecting the timing of operations can change.

Instructions for fasting (taking nothing by mouth)

If there is any food or liquid in your stomach during your anaesthetic, it could come up into the back of your throat and then go into your lungs. This would cause choking, or serious damage to your lungs. To make sure your stomach is empty before your planned operation you must follow the rules about fasting - taking nothing by mouth.

Morning operations

- Eat meals as normal the night before surgery.
- If you are having day surgery or 23 hour surgery, please ensure you have a supply of painkillers at home as advised at the pre op assessment clinic. Eat no solid foodstuffs, milk, fizzy drinks or alcohol after midnight before your operation.
- Please drink up to a cup of water on the morning of your operation before 06:30am. Do not have anything else to drink after 06:30am.
- Take your usual medicines as normal at the usual times unless otherwise informed (you are allowed a small amount of water with tablets as long as this is 2 hours or more before your operation).
- Do not chew gum or suck sweets before your operation.
- Depending on the time of your operation, you may be offered some water in the ward up to 2 hours before your operation.

Afternoon operations

- Eat meals as normal the night before surgery.
- Eat a light breakfast “snack” (a bowl of cereal or 2 slices of toast or biscuits or similar and a cup of tea, coffee or glass of milk).
- Breakfast must be completed by 07:30. We encourage you to drink up to a cup full of water throughout the morning until 11:30am. Have nothing else to eat or drink after this time.
- Take your usual medicines as normal at the usual times unless otherwise informed (you are allowed a small amount of water with tablets as long as this is 2 hours or more before your operation).
- Do not chew gum or suck sweets before your operation.
- Depending on the time of your operation, you may be offered some water in the ward up to 2 hours before your operation.

Alcohol

Alcohol before surgery can be dangerous. Please try and refrain from drinking alcohol the day before surgery.

Do not drink any alcohol after midnight

Smokers: stop before your op!

If you are a smoker it is very important that you stop smoking as soon as possible.

Smoking greatly increases the risk of complications during and after your surgery.

These complications include:

- Infections (especially chest and wound infections)
- Anaesthesia related problems
- Slower wound healing and bone repair

There has never been a better time to quit smoking. The sooner you stop before your op, the better.

Managing to quit 6-8 weeks prior to an operation dramatically reduces the risk of these problems. But even stopping for 24-48 hours before an operation may help.

Needing support to quit today?

Why not seek the advice and help available from the local services detailed below?

Hospital Based Smoking Cessation Service

To make an appointment with specially trained nurses for motivational support and advice on nicotine replacement therapy:

Tel 01324 566367.

Drop In Clinics

Alloa Health Centre, Marshill, Alloa, FK10 1AB

Tuesday - 5.30pm to 7.30pm

St Ninians Health Centre, Mayfield Street, St Ninians, Stirling, FK7 0BS

Wednesday - 5.30pm to 7.30pm

Camelon Health Centre, 3 Baird Street, Camelon, Falkirk, FK1 4PP

Wednesday - 5.30pm to 7.30pm

No appointment is necessary.

Motivational support will be provided. In addition free nicotine replacement therapy may be available.

Your own Doctor

Many GP surgeries run smoking cessation clinics for their own patients, providing nicotine replacement therapy on prescription. Phone your local health centre to enquire.

For additional support:

Smoker's helpline

Scotland Smokeline.....0800 84 84 84

www.givingupsmoking.co.uk

www.quit.org.uk

www.quitsmokinguk.com

www.ash.org.uk

Risks of anaesthetics

There are risks in all walks of life. Many of these risks we take without thought. For example, travelling by car. In modern anaesthetics there are also risks but these risks are small. You should not think about the risks of anaesthetics without thinking about why you are having the anaesthetic – which is to allow you to have an operation safely. You must balance the benefits of the operation with the risks of the anaesthetic and with the risks of the surgery.

This document is to help you understand the risks associated with the anaesthetic.

To get a complete picture you should discuss the benefits and the possible complications associated with the surgery with the surgeon.

To understand the risks associated with anaesthetics you need to know:

- How likely something is to happen
- How serious this might be
- How it can be treated

The risk to you as an individual depends on:

- Whether you have other illnesses
- Personal factors. For example smoking and being overweight
- How complex the surgery is.
- Whether the surgery is being done as a planned operation or as an emergency.

People vary in how they interpret words and numbers. The scale below explains how we have defined these words. For example, we describe an event as uncommon if it happens “1 in 1,000”.

An example of an uncommon problem is damage to teeth. This means that we would expect damage to teeth to happen once every 1000 anaesthetics given. Unfortunately we do not know when the “1” will happen. In Forth Valley (in the Stirling and Falkirk hospitals combined) we give about 10,000 anaesthetics every year. A rare event might therefore happen once a year in Forth Valley.

Very Rare 1 in 100,000	Rare 1 in 10,000	Uncommon 1 in 1000	Common 1 in 100	Very Common 1 in 10
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Some risks associated with anaesthetics

1. Minor problems are common:

- Nausea and vomiting
- Pain - up to 1 patient in 10 will suffer severe pain
- Sore throat
- Headache
- Drowsiness and dizziness
- Once every 4500 operations a patient needs treatment by a dentist
- Back pain is common, especially after long operations
- Itch is common and due to pain killers

2. Some rare anaesthetic risks

- Choking on stomach contents happens 1 in every 2000 operations. The chance of dying from this is very small (one in 45,000 operations)
- Waking up and remembering part of the operation. This happens once every 3000 operations
- Blurred vision happens 4 in 100 operations. Serious damage to the eyes is rare (once every 10,000 operations)
- There is a small risk of damage to nerves under general anaesthetic

- For some major operations anaesthetists need to place special drips into an artery (usually the wrist) and into a big vein in the neck or under the collarbone. These are used to continuously monitor your condition and to give you fluids.

There are major problems with drips in the artery in less than 1 in 100 cases. Drips put into the large veins can damage the lung (2 in 100 cases) and very rarely be fatal (1 in 10,000 cases).

3. Major illness after surgery

Major complications are biggest after operations inside the abdomen, inside the chest and after operations on the arteries. These complications include:

- Heart attack. The risk is increased in patients with heart disease.
- Breathing difficulties.
- Confusion and memory problems. These are common after big operations. For people aged over 60, 1 in 4 become confused after the operation. Although most recover, 1 in 100 remain confused permanently (1%).
- There is a small risk of stroke after surgery.

4. Dying from the anaesthetic

There is a risk of dying after any operation. The chance of a patient dying *from the anaesthetic* is very rare.

For generally fit patients the risk of death from anaesthetic is very rare, 1 death in every 100,000 operations.

For patients with medical problems not related to the operation, the risk of death from anaesthetic is 1 death in every 10,000 operations.

5. Death following major surgery

In this country 1 patient dies every 100 operations. However, the risk for individual patients varies a lot.

- the risk is much higher in those more than 80 years old.
- the risk is much higher for patients with serious medical problems not related to the surgery.
- the risk is much higher for emergency operations.
- the risk is much higher for operations inside the abdomen (tummy), inside the chest and for operations on the arteries.

Some risks associated with regional anaesthetics

For some operations and some patients an injection in the back to “freeze” you from the waist down is the best anesthetic. There are several potential problems:

- Headache can happen. This is different from “normal” headaches – getting worse on standing and better on lying down. This happens in 1 in 100 injections and can be treated in most (75%) of cases.
- Bladder problems, which might require a catheter being put into the bladder for a short time, are quite common.
- Damage to nerves. This is rare. Permanent damage to nerves happens about 1 in every 10,000 injections.
- Major complications like paraplegia (being paralysed from the waist down), infection and bleeding (in the back) are very rare 1 in 100,000 injections or less.
- Sometimes injections to freeze individual nerves or limbs (often the upper arm) damage a nerve. Often the damage is short lived but permanent damage can occur once in 5000 injections.

Notes

Sources of Information:

A booklet "You and Your Anaesthetic" and further information on risk and other aspects of Anaesthesia are available from the Royal College of Anaesthetists web site (<http://www.rcoa.ac.uk>) and the Association of Anaesthetists of Great Britain and Ireland web site (<http://www.aagbi.org/>). The information on these two sites is identical.

After your appointment with the pre-assessment staff, if there are any changes in your health or wellbeing, for example a raised blood pressure, cold, any infection: for example chest or urine, it is very important to contact the Clinical Support Staff or you Admission Ward, in advance of your admission date as surgery may require to be cancelled.

1. Royal College of Anaesthetists
2. Association of Anaesthetists of Great Britain and Ireland

Pre Operative Assessment Clinic Staff

Forth Valley Royal Hospital 01324 566464 / 01324 566413

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Patient Appointments/Cancellations

If you have an enquiry about an appointment or would like to cancel it, please call 01324 566249 or email: FV-UHB.RTT@nhs.net

If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

We are happy to consider requests for this publication in other languages or formats such as large print. Please call 01324 590886 (24hrs), fax 01324 590867 or email FV-UHB.disabilitydepartment@nhs.net

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SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES

This includes corridors, doorways, car parks and any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.



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IN PEOPLE** | Silver



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