

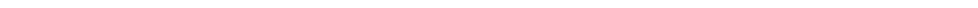
Patient Information Service

Surgical business unit
Theatres, anaesthetics and critical care business unit

You and your anaesthetic

Information to help patients prepare
for an anaesthetic

You can find out more from www.rcoa.ac.uk/patientinfo



This leaflet gives basic information to help you prepare for your anaesthetic. You can find more information and large print copies from www.youranaesthetic.info

Types of anaesthesia

Local anaesthesia involves injections which numb a small part of your body. You stay conscious but free from pain.

Regional anaesthesia involves injections usually around a nerve or a group of nerves which numb a larger or deeper part of the body these include Epidural and spinal blocks. You stay conscious but free from pain.

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss types of anaesthesia with you and help you to make choices
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic, pain control and treatment
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.

The pre-assessment clinic

If you are having a planned operation (rather than emergency) you will usually be invited to a pre-assessment clinic a few weeks or days before your surgery.

Staff at the clinic will assess your general health. Tests will be organised if necessary. This will often include blood tests and an ECG (heart tracing).

You are likely to be checked for certain important infections – usually by using a swab on your skin, or in your nose.

The staff will want to make an accurate list of the medicines you take. Please bring a list or the medicines themselves in their boxes. If you are allergic to anything, this will be written down.

If necessary, arrangements may be made for you to see an anaesthetist.

If you may need a blood transfusion during or after your operation, a blood test will be needed to prepare for this. You can ask for information about the risks and benefits of blood transfusion. Blood transfusions are generally avoided unless necessary.

If you know you have high blood pressure, it is a good idea to bring a list of any recent blood pressure readings. This is because blood pressure can rise in a hospital clinic, and this may not be a true picture of your usual blood pressure.

Before coming to hospital

Things you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation is beneficial for your operation and general health. For more information on stopping smoking contact South East Essex Stop Smoking Service, **01702 212000**
Email: **southessex.stopsmoking@nhs.net**
- The longer you can give up beforehand, the better, but cutting down will help
- If overweight, reducing your weight will reduce some of the associated risks when having an anaesthetic
- If you have loose teeth or crowns please see your dentist prior to your operation to maximise your safety
- If you have a long-standing medical problem please see your GP to ensure you have any relevant tests or investigations required.

On the day of your operation

The hospital should give you clear instructions about fasting. It is very important you follow these.

If you are taking medicines, you should continue to take them as usual, unless your anaesthetist advises you otherwise.

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 general health and previous anaesthetics you might have had
- Discuss with you which types of anaesthetic can be used.

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.

When you are called for your operation

- A member of staff will go with you to the theatre
- Jewellery and decorative piercings should ideally be removed, rings can be taped for your safety
- 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
- You may be asked to remove your glasses and dentures
- 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 monitors which measure your heart rate, blood pressure and oxygen levels.

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

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). If you have issues with this, a local anaesthetic cream may be applied to your hand
- 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 to monitor you 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. You need to tell staff when you experience pain.

- **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 is absorbed into your body. They are useful if you cannot swallow or if you might vomit

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

This is a method using a machine (syringe driven) 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 Epidural pain relief after surgery (www.rcoa.ac.uk/document-store/epidurals-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.

Understanding risk

In modern anaesthesia, serious problems are uncommon.
Risk cannot be removed completely.

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 as an emergency.

More information about risks associated with having an anaesthetic can be found on www.rcoa.ac.uk/patientinfo

Side-effects and complications

The anaesthetist will be able to discuss any side-effects and complications with you.

Tell us what you think

We welcome suggestions to improve this booklet.

You should send these to:

The Patient Information Unit,
48 Russell Square,
London WC1B 4JY
email: admin@youranaesthetic.info

The Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG
email: comms@rcoa.ac.uk

The Association of Anaesthetists of Great Britain and Ireland

Patient Information Service

If this leaflet does not answer all of your questions, or if you have any other concerns please contact the day surgery unit on: **01702 385053** or **01702 435555 ext 6158**.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

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