

# Patient information

## Having a general anaesthetic

This leaflet explains what you can expect when you are having a general anaesthetic for a planned operation.

### Types of anaesthetics

A general anaesthetic is a state of controlled unconsciousness, so you are asleep, pain free and unaware of the surroundings for the duration of the surgery.

For surgery on the lower body it is possible to have a spinal anaesthetic with or without sedation instead of a general anaesthetic.

For arm surgery, a nerve block (plexus block) with or without sedation may be an option instead of a general anaesthetic.

For procedures on the body, a nerve block might be used (paravertebral block) in addition to a general anaesthetic.

Local anaesthetic infiltration of the wound is often used to reduce wound pain. It may numb the area for 6 - 8 hours after the operation.

You may receive a general anaesthetic only or a combination of the above, depending on your type of surgery.

### How you can contribute to a quick recovery is important

- If you smoke, stop before the operation. This helps with wound healing and reduces the risk of chest infections after the operation.
- If you are overweight, try and lose weight before surgery to improve wound healing and reduce the risk of chest infections.
- If you have health problems such as diabetes, high blood pressure, heart disease, lung disease or kidney disease, it is sensible to try and improve the

control of your condition with the help of your GP. This will reduce the risk of complications around the time of surgery such as poor wound healing, chest infections, strokes, heart attacks and poor kidney function after the operation.

- If you have any dental infections or loose teeth, see your dentist before surgery. Poor dental health increases the risk of damage to your teeth and might be a source of infection.
- Please bring both a list of all your medication and the medication itself for both the pre-assessment visit and the admission for surgery, in order to be able to continue your usual medication throughout the period.
- If you use any herbal remedies, stop them 7 days before surgery. They can interact with the anaesthetic drugs and painkillers so that you are slow to wake up or they may make you bleed more.
- If you get any flare ups in chronic conditions like asthma the week before surgery please call the Pre-admission Unit for advice: **Telephone 01284 712810.**

## **On the day of surgery**

- If you get any flare ups in chronic conditions like asthma the week before surgery please call the Pre-admission Unit for advice: **Telephone 01284 712810.**
- If you feel unwell on day of surgery please call the ward for advice.
- Stop eating 6 hours before surgery. This includes all dairy products (including milk), chewing gum and sucking sweets.
- Drink water only until 2 hours before surgery.
- The last 2 hours before surgery you are allowed sips of water.
- There are strict rules about eating and drinking before an anaesthetic for your safety, because when you are anaesthetised, stomach contents can be regurgitated into your lungs and cause a very serious chest infection.
- Take your usual tablets with a glass of water and continue using inhalers as normal.
- Only omit medication that you have specifically been asked to stop by the Pre-admission Unit.

- Your anaesthetist may choose to give you a pre-med to make you relax however pre-meds are generally used less often now, as they tend to last longer than the anaesthetic itself.
- You will meet your anaesthetist before the operation and they will take you through your anaesthetic plan. Do not hesitate to ask questions about your anaesthetic.
- You will need to sign a consent form after been given surgical information about the procedure. This includes the possibility of receiving blood transfusions in connection with your surgery. For procedures with significant blood loss there is the possibility to use a cell saver to give you back your own red blood cells. Blood is sucked from the wound, washed with saline and re-infused via your drip.
- You will also be asked to decide if you want to be resuscitated in the event of a cardiac arrest.

## **Before going to theatre**

- You will need to change into a hospital gown, the ward nurse will help you.
- You need to put elasticated stockings on your legs to help prevent blood clots.
- Jewellery needs to be removed and locked away with other valuables; this also includes any tongue studs.
- Please remove any nail varnish and other make-up before going to theatre to help with observing your normal skin colour during surgery.
- Please keep your glasses, hearing aids and dentures in. We will remove them in the anaesthetic room if required and return them when you are in the recovery unit.
- You will be taken to theatre on a bed or trolley by a porter after the ward staff have checked your identity and site and side of the operation. This information will be rechecked in the anaesthetic room before you are anaesthetised.

## **The general anaesthetic**

The anaesthetic can be started either via a cannula in the back of a hand or by breathing anaesthetic gases via a facemask over your nose and mouth. This will be maintained either by anaesthetic gases via the lungs or drugs via a drip until surgery is finished.

When the anaesthetic is stopped at the end of the surgery you will regain consciousness.

You should expect to be completely unaware of anything in the anaesthetic room or theatre once you have gone to sleep until you wake up at the end of the procedure.

You will wake up either in theatre or in the recovery room depending on the type of surgery.

## **Recovery**

After surgery you will be observed in recovery for a period of time to check that your heart rate, blood pressure and breathing are satisfactory.

You will receive oxygen until you are properly awake.

Any sickness and queasiness will be treated.

Any pain and discomfort will be managed.

Any blood loss will be treated.

When all observations are stable and your general condition is satisfactory you will go back to your ward.

If you have undergone major surgery you may need to stay overnight in recovery or go to the high dependency ward for a day or two before going back to the ward.

**Your recovery will be quicker if you eat, drink and get out of bed and back on your feet as soon as possible.**

## **Complications / side effects**

### **Common side effects (1 in 10 patients)**

- Queasiness and sickness after surgery: we give medication for this however you may still experience it.
- Sore throat: this will likely disappear in 1 - 2 days.
- Blurred vision and dizziness due to the anaesthetic drugs: this should disappear in 24 – 48 hours.
- Headache: this may be due to a lack of food and water before surgery.

- Itching: this may be due to the strong pain killers you require.
- Confusion: this can especially be seen in older patients and may last 1 – 2 days. This can be upsetting for both yourself and your relatives.
- Backache or other aches and pains: these are often due to positioning on the theatre table.

### **Uncommon complications (1:1000 or less patients)**

- Awareness: recall of conversation or events from theatre after you were sent off to sleep and before you were woken up at the end of surgery. .You should report it to the ward staff so they can notify the anaesthetic department as we will need to discuss it with you.
- Postoperative chest infections, especially if you already have chest problems.
- Trouble emptying your bladder, seen in older patients and/or if you have bladder problems already.
- Muscle pains after a specific muscle relaxant is used if you have a hiatus hernia or heart burn.
- Damage to your teeth: caps and crowns are more vulnerable than natural teeth.
- Soft tissue damage to lips and tongue can occur due to airway handling.
- Flare up of any pre-existing medical illness; this might prolong your stay.

### **Rare complications (1:100,000 or less patients)**

- Permanent damage to eyes
- Serious allergic reactions to any of the drugs given
- Permanent nerve or brain damage
- Death

It must be stressed that anaesthesia generally is very safe today, however, there is always a risk when undergoing anaesthesia and surgical procedures.

Brain damage and death during an anaesthetic are rare events today and mostly occur in very sick patients and during emergency surgery.

More information can be found on: [www.rcoa.ac.uk](http://www.rcoa.ac.uk) under “Anaesthesia explained.”

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (previously known as DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>*



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