

## Patient information

# Having a general anaesthetic in the main hospital at the West Suffolk

This leaflet explains what to expect if you are undergoing an operation under general anaesthetic in the main hospital building at the West Suffolk Hospital.

### **Before you have the anaesthetic**

You will meet one of your anaesthetists on the ward before surgery to discuss the plan and your preferences and concerns. Once you have been collected from the ward, you will be taken into the operating department. You will then be met by two members of the team involved in your surgery. They will check your details. Depending on the procedure you are having and the preferences of your anaesthetist you will then be taken into either the anaesthetic room or the operating theatre directly.

If you are taken into the operating theatre, the whole team involved in your operation will be present. If this is likely to be a problem for you, please let your anaesthetist on the day know, provisions can then be made to ensure that you are comfortable.

You may be anaesthetised on the bed that you have been brought to theatre on, or you may be asked to get onto a narrower bed that will be used during the operation.

We will complete a final set of checks including information about you, the procedure you are expecting and selected details about your medical history and preparation for surgery.

Following these checks most of the team will leave the room (if your anaesthetic is being given in an anaesthetic room) or will continue with their preparation in other areas of the theatre. You will be cared for by an anaesthetist or anaesthesia associate working with an operating department practitioner or anaesthetic nurse who will assist in administering your anaesthetic.

Monitoring equipment will be connected to you to monitor your vital signs and ensure we keep you safe whilst you are under anaesthetic.

## **Having the anaesthetic**

The anaesthetic can be started either via a cannula in one of your veins 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. The best option for you depends on factors related to you, your surgery and the references of your anaesthetist.

When the anaesthetic is stopped at the end of the surgery you will regain consciousness, we do not usually need to give you any drugs to reverse the effects of the medication that keeps you asleep.

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.

Modern anaesthesia is incredibly safe. However, we cannot eliminate all risk. You should be aware of potential problems before agreeing to an operation under general anaesthetic.

## **Complications / side effects**

Very common side effects (1 in 10 patients):

- Nausea 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.
- Thirst: You will be encouraged to drink after your operation or may be given fluids directly into your vein.
- Temporary memory loss or confusion: this is generally a problem for those over the age of 60 and is more likely the older you are. This can be upsetting for both you and your relatives.
- Backache or other aches and pains: these are often due to positioning needed to facilitate surgery on the theatre table.

Common side effects (Between 1 in 10 and 1 in 100 patients):

- Pain at an injection or cannula site.

- Minor lip or tongue injury. A lip injury may be treated with petroleum jelly or equivalent whilst you are asleep.

Uncommon complications (1 in 100 to 1 in 1000 patients or one person in a village):

- Minor nerve injury.
- Trouble passing urine. This is more likely if you are older or if you have bladder problems already.
- Post-operative chest infections. We can treat these with antibiotics. It is more likely if you have pre-existing medical conditions affecting your chest.
- Muscle pains after a specific muscle relaxant is used.
- Flare up of existing medical conditions that prolongs your stay in hospital.

Rare complications (1 in 1000 to 1 in 10 000 patients or one person in a small town):

- Peripheral nerve damage that is permanent, this may be a numb patch on your skin or weakness in some of your muscles.
- Corneal abrasions (scratch on the surface of your eye). This may require treatment from doctors that specialise in the treatment of eye conditions.
- Damage to your teeth, requiring dental treatment: caps and crowns are more vulnerable than natural teeth.
- Anaphylaxis (a severe allergic reaction). Your anaesthetic team will manage this and will tell you about it after the operation.

Very rare complications (1 in 10 000 to 1 in 100 000 or more or one person in a large town) - these risks are actually much lower than the risk of serious events in everyday activities such as those associated with driving:

- 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.
- Permanent damage to eyes resulting in visual loss.
- Permanent brain damage.
- Death as a direct result of anaesthesia.

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 the Royal College of anaesthetists website:

<https://www.rcoa.ac.uk/patients/patient-information-resources/anaesthesia-risk/risk-leaflets>

## Recovery after your anaesthetic

After surgery you will be observed in the post anaesthetic care unit (PACU), also known as recovery for a period of time. In PACU there are specially trained nurses, with more nurses per patient than on the ward. They look after you to ensure that you are safe as you recover from your anaesthetic. They check that your heart rate, blood pressure and breathing are satisfactory. You may have more checks depending on the type of anaesthetic you have received and the type of surgery you had.

Other treatments in the PACU include:

- Oxygen via a face mask or prongs into your nose until you are properly awake.
- Anti-sickness medication.
- Medication to treat pain to ensure that you can cope on the ward.
- Recognition and treatment of any blood loss.

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.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email [info.gov@wsh.nsh.uk](mailto:info.gov@wsh.nsh.uk). This will in no way affect the care or treatment you receive.

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



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References:

1. RCoA risk infographic available at: [https://www.rcoa.ac.uk/sites/default/files/documents/2021-12/Risk-infographics\\_2019web.pdf](https://www.rcoa.ac.uk/sites/default/files/documents/2021-12/Risk-infographics_2019web.pdf)