



University Hospitals Bristol
NHS Foundation Trust

Patient information service
Bristol Royal Infirmary

You and your anaesthetic

Information to help inpatients prepare for an anaesthetic



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Some types of anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

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

Regional anaesthesia involves injections that numb a larger or deeper part of the body. You stay conscious but free from pain.

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss types of anaesthesia with you and find out what you would like, helping you to make choices
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic and pain control
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery
- manage any blood transfusions you may need
- plan your care, if needed, in the intensive care unit
- make your experience as pleasant and pain free as possible.

Before coming to hospital

Here are some things that you can do to prepare yourself for your operation.

If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help.

If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic.

If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.

If you have a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension), your GP should give you a check-up.

Before your anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward, or when you meet your anaesthetist.

It is important for you to have a list of:

- all the pills, medicines, herbal remedies or supplements you are taking – both prescribed and those that you have purchased over the counter
- any allergies you may have.

On the day of your operation

Nothing to eat or drink – fasting ('nil by mouth')

You may eat and drink normally up to six hours before your admission time.

After this, you should only drink water or the pre-operative drinks that the hospital has given you up to two hours before you come into hospital.

It is important that you do drink water or pre-operative drinks up to this time to prevent yourself becoming thirsty later on.

You may chew gum up to two hours before you come into hospital.

It is important to follow these instructions. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs.

If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions.

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 health
- discuss with you which types of anaesthetic can be used
- discuss with you the benefits, risks and your preferences
- decide with you which anaesthetic would be best for you
- decide for you, if you would prefer that.

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.

The choice of anaesthetic depends on:

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

Premedication (a 'premed') is the name for drugs that are sometimes given before an anaesthetic. Premeds are usually painkillers given to you as tablets so they start working ready for your operation.

A needle may be used to start your anaesthetic.

If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward nurses should be able to do this.

If you are having a local or regional anaesthetic, you will also need to decide whether you would prefer to:

- be fully alert
- be relaxed and sleepy (sedation)
- have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state.

When you are called for your operation

A member of staff will go with you to the theatre.

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on.

Jewellery and decorative piercing should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.

If you are having a local or regional anaesthetic, you can take a personal tape, CD player or MP3 player with you to listen to music through your headphones.

Most people walk to theatre, so you will need your dressing gown and slippers.

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')

Some anaesthetics are started in the anaesthetic room and some in theatre. The anaesthetist will attach machines that measure your heart rate, blood pressure and oxygen levels.

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)
- 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.

Pain relief afterwards

Good pain relief is important, and some people need more pain relief than others. 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 given in different combinations.

Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain.

Here are some ways of giving pain relief:

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 they are given 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 passes into the body. They are useful if you cannot swallow or if you might vomit.

Patient-controlled analgesia (PCA)

This is a method using a machine that allows you to control your pain relief yourself. If you would like more information, please 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 will be given depending on the type of local anaesthetic or regional block.

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, but modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

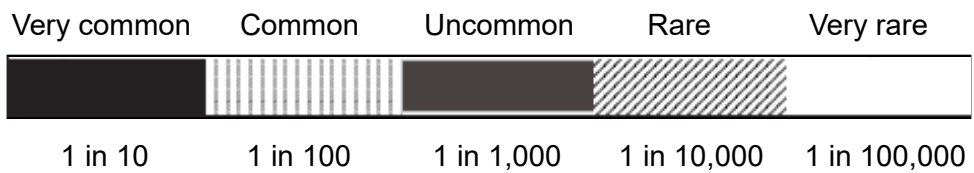
- how likely it is to happen
- how serious it could be
- how it can be treated.

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 that is complicated, long or done in an emergency.

People vary in how they interpret words and numbers

This scale is provided to help.



Side effects and complications

More information on the side effects and complications is listed in 'Anaesthesia explained' (website address on page 11).

RA = This may occur with a regional anaesthetic.

GA = This may occur with a general anaesthetic.

Very common and common side effects

RA	GA	Feeling sick and vomiting after surgery
	GA	Sore throat
RA	GA	Dizziness, blurred vision
RA	GA	Headache
RA	GA	Itching
RA	GA	Aches, pains and backache
RA	GA	Pain during injection of drugs
RA	GA	Bruising and soreness
	GA	Confusion or memory loss

Uncommon side effects and complications

	GA	Chest infection
RA	GA	Bladder problems
	GA	Muscle pains
RA	GA	Slow breathing (depressed respiration)
	GA	Damage to teeth, lips or tongue
RA	GA	An existing medical condition getting worse
	GA	Awareness (becoming conscious during your operation)

Rare or very rare complications

	GA	Damage to the eyes
RA	GA	Serious allergy to drugs
RA	GA	Nerve damage
RA	GA	Death
RA	GA	Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are probably about five deaths for every million anaesthetics in the UK.

Further information

You can obtain further information from the Royal College of Anaesthetists:

Anaesthesia explained

www.rcoa.ac.uk/document-store/anaesthesia-explained

You and your anaesthetic

www.rcoa.ac.uk/document-store/you-and-your-anaesthetic

Your anaesthetic for major surgery with planned high dependency care or intensive care afterwards

www.rcoa.ac.uk/document-store/your-anaesthetic-major-surgery-planned-high-dependency-care-or-intensive-care

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044**

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit:
www.uhbristol.nhs.uk/research-innovation

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

Hospital switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbristol.nhs.uk.

