

Your anaesthetic

Introduction

This leaflet gives you information about the general anaesthetic and/or sedation you will have before your operation.

Who will give me the anaesthetic?

An anaesthetist, a qualified doctor who has had specialist training to care for you before, during and after surgery, will give you the anaesthetic before your operation.

The anaesthetist is supported by an assistant who is a nurse or an Operating Department Practitioner. They will look after you during your surgery. One of their jobs is to make sure the correct operation is performed.

Will I see the anaesthetist before the operation?

Yes. The anaesthetist will meet you on the day of your operation and make an assessment of any medical problems that you may have. They will also talk to you about the preparation for your surgery.

The anaesthetist will discuss the best type of anaesthetic for you, taking into account your health and your surgery.

What should I tell the anaesthetist?

The anaesthetist will want to know how healthy you are and if there are any particular problems that may affect this anaesthetic and the surgery, for example:

- Significant illnesses such as asthma, diabetes, heart disease, liver disease, kidney disease, high blood pressure, epilepsy.
- Any problems you have had with previous anaesthetics or operations.
- Any problems that blood relatives may have had with anaesthetics.
- Any allergies you may have.

Reference No.

GHPI0005_08_24

Department

Anaesthetics

Review due

August 2027

Patient Information

- Anything else you might think might be relevant such as loose teeth or how much you drink or smoke.
- The medications you are taking.

Please bring all of your medication and inhalers into hospital with you.

Are there different types of anaesthetic?

Yes. With a general anaesthetic you will be asleep during your surgery. With local anaesthesia, the area to be operated on will be numbed with an injection.

Epidural and spinal anaesthetics are given by an injection into your back (after first numbing the skin at the site of the injection). For some operations this could allow you to be awake. Alternatively, the epidural or spinal anaesthetics can be combined with a general anaesthetic or sedation so that you are asleep throughout the operation.

When will I be given the anaesthetic?

Once in the anaesthetic room, various monitors will be attached to you. These will measure your blood pressure and heart rate. Some oxygen You may be given oxygen via a clear face mask before the anaesthetic. Your anaesthetic will then be given.

Usually, a general anaesthetic is given by an injection into a vein in the back of the hand or arm. Sometimes anaesthetic gases are given via a facemask instead of an injection.

If your anaesthetist has decided to give you an epidural or spinal anaesthetic, this will also be given when you are in the anaesthetic room.

Will I wake up in the middle of the operation?

If you are having a general anaesthetic this is extremely unlikely. The amount of anaesthetic gas in your breath will be measured and monitored throughout your operation.

**Patient
Information**

When and where will I wake up?

Most patients wake up in the recovery area, although many patients do not remember anything until they are back on the ward. Sometimes, following major operations, patients may be taken to the intensive care unit and are woken up a few hours later.

Wherever you are, there will be a doctor or nurse with you until you are fully awake.

Will I vomit or feel sick?

Most patients do not vomit or feel sick. If you do feel sick, let the nurse looking after you know so that you can be given something to treat it.

If you were sick after any previous operations, let the anaesthetist know so that they can give you something to make the sickness less likely this time.

Should I stop drinking and eating before the operation?

Yes. To make vomiting less likely and for your own safety we like to make sure that your stomach is empty before an anaesthetic is given.

Please do not eat anything for at least 6 hours before your surgery. This includes chewing gum, eating or sucking sweets or drinking tea or coffee. You can have sips of water up to 2 hours before your surgery.

You will be given detailed instructions from the hospital about what time to stop eating or drinking.

Should I take my normal medication?

Yes. Please take your normal medication on the morning of your surgery unless you have been instructed not to by your consultant or the pre-assessment team.

If you are taking warfarin or other tablets to thin your blood you will need to discuss this with your surgeon or the pre-assessment nurse before admission.

**Patient
Information**

Risks

Anaesthetics are very safe. However, there is a risk with any surgery or anaesthetic no matter how minor. We work hard to minimising the risks to you.

Common side effects (about a 1 in every 10 cases)

- Feeling sick or vomiting
- Dizziness
- Headache
- Sore throat
- Aches and pains

Uncommon but treatable complications (about a 1 in every 1000 cases)

- Chest infection
- Medical problems (such as heart or lung conditions) getting worse
- Bladder problems
- Damage to your teeth such as chips or loosening
- Breathing problems

Rare complications (about a 1 in every 10,000 cases)

- Serious but treatable allergy to a medication used during the operation
- Nerve damage, this is usually temporary

Very rare complications (about a 1 in every 100,000 cases)

- Infection from a blood transfusion
- Death

If anything in this leaflet worries you or you have any questions that we have not answered, please discuss these with your anaesthetist or your pre-assessment nurse.

Patient Information

Contact information

Pre-assessment/specialist nurse:

Tel: _____

Monday to Friday, 9:00am to 5:00pm

Further information

The Royal College of Anaesthetists

Website: www.rcoa.ac.uk/patient-information

Content reviewed: August 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>