About general anaesthesia
Day Surgery Unit
Patient Information Leaflet
Who do I contact if I have any concerns?

Leaflets cannot take the place of talks with doctors, nurses and other members of the healthcare team.

If you have any questions or are unsure about any of the information provided in this booklet, please contact Day Surgery Unit on the number listed below:-

Russells Hall Hospital
Day Surgery Unit
Tel:- 01384 456111

We hope this leaflet will help you to understand about having a general anaesthetic but if you have any questions, please let us know.
About general anaesthesia

General anaesthesia is a state of controlled unconsciousness during which you feel nothing and may be described as 'anaesthetised'. This is essential for some operations and may be used as an alternative to regional anaesthesia for others.

(Regional anaesthesia involves injections which numb a larger or deeper part of the body. You will be free from pain. 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).

Anaesthetic drugs injected into a vein, or anaesthetic gases breathed into the lungs, are carried to the brain by the blood. They stop the brain recognising messages coming from the nerves in the body. You won't respond to pain or remember what happened during your procedure. Anaesthetic unconsciousness is different from unconsciousness due to disease or injury and is different from sleep. As the anaesthetic drugs wear off, your consciousness starts to return.

The anaesthetist

Anaesthetists are doctors who have had specialist training in anaesthesia, in the treatment of pain, in the care of very ill patients (intensive care), and in emergency care (resuscitation). They will make major decisions with you, although if you are unconscious or very ill, they will make decisions on your behalf.

References


2) Anaesthesia explained: The Royal College of Anaesthetists (RCoA) and The Association of Anaesthetists of Great Britain and Ireland (AAGBI).

The RCoA and AAGBI agree to the copying of this document for the purpose of producing local leaflets in the United Kingdom and Ireland.

You can find out more from www.youranaesthetic.info.
Preparing for your general anaesthesia

Your surgeon will explain how to prepare for your procedure. Before your anaesthetic we need to know about your general health. You may be asked to go to a pre-assessment clinic or you may be asked to fill in a questionnaire. A written list of all different tablets you are taking, whether they have been prescribed or whether you have bought them over the counter, would be helpful for your anaesthetist.

If you have any allergies, a note of these will also be helpful. You will be asked to follow fasting instructions on the day of your operation nothing to eat or drink (‘Nil by mouth’) typically for about six hours beforehand.

You must have an empty stomach when you have a general anaesthetic so that you’re less likely to be sick. Vomiting while you’re unconscious can be dangerous because you can’t cough, so fluid from your stomach could get into your lungs.

This would cause choking, or serious damage to your lungs. You should continue to take your normal medicines up to and including the day of surgery, unless your anaesthetist, surgeon or preassessment nurse has asked you not to. However, there are exceptions. For example, if you take drugs to thin your blood (such as warfarin, aspirin or clopidogrel), drugs for diabetes or herbal remedies, you will get specific instructions. If you are not sure, your anaesthetist or surgeon will advise you.

What are the risks and side effects?

There are some risks associated with having general anaesthesia. We have not included the chance of these happening as they are specific to you and differ for every person. Ask your anaesthetist to explain how these risks apply to you.

Side-effects are the unwanted but mostly temporary effects you may get after having general anaesthesia. Side-effects of general anaesthesia may include:

- feeling sick and vomiting after surgery
- shivering
- sore throat
- headache
- feeling tired and confused
- pain

Complications

Complications are when unexpected and unwanted problems occur during or after general anaesthesia. Specific complications of general anaesthesia are uncommon but can include the following.

- an allergic reaction.
- breathing difficulties
- damage to teeth, lips or tongue.
- an existing medical condition getting worse
- awareness
You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. Try to have a friend or relative stay with you for the first 24 hours.

**Recovering from general anaesthesia**

General anaesthesia temporarily affects your co-ordination and reasoning skills, so you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours afterwards. If you're in any doubt about driving, contact your motor insurer so that you're aware of their recommendations, and always follow your doctor's advice.

**What will I feel like later**

You may feel tired or even exhausted after the operation. This is unlikely to be caused by the anaesthetic. Tiredness may be caused by many things, including:

- worry before the operation
- not sleeping properly before or after the operation
- pain or discomfort before or after the operation
- loss of blood (causing postoperative anaemia)
- the condition that needed surgery
- not eating or drinking normally before and after your operation
- the energy used up by the healing process
- your general health.

You will meet your anaesthetist before your operation. This meeting usually takes place on the day of surgery. He or she will discuss with you your anaesthetic, the benefits and risks. 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 or if you want more information or more time to decide.

You should tell your anaesthetist if you have any dental crowns, bridges or loose teeth. If you wear contact lenses, glasses, dentures or hearing aids, you will need to remove them.

Your nurse will prepare you for theatre. You may be asked to wear compression stockings to help prevent blood clots forming in the veins in your legs.

You will be taken to a side-room next to the theatre. Your anaesthetist will insert a fine plastic tube (called a cannula) into one of your veins, usually on the back of your hand. This causes a sharp sensation, like an injection, which passes quickly. The cannula allows your anaesthetist to give you medicines and fluids without repeated injections.

**What happens during general anaesthesia?**

Your anaesthetist will usually give you the anaesthetic through the cannula. Within a minute or so you will fall asleep and won't wake up until after your procedure.
Alternatively, your anaesthetist may ask you to breathe in anaesthetic gases and oxygen through a mask attached to your face, or which you can choose to hold. Your anaesthetist will stay with you throughout your operation and will make sure that you are safe and well whilst awakening from it.

While you’re under general anaesthesia, your anaesthetist may give you the following.

- A continuous infusion of anaesthetic through a drip or a mixture of oxygen and anaesthetic gases to keep you asleep during your procedure.
- Strong painkillers to prevent pain after the procedure.
- Medicines to relax your muscles, so that the surgeon can operate more easily.
- Antibiotics to prevent infection.
- Anti-sickness medicines to prevent sickness after the procedure when indicated.
- Other drugs depending on your condition as it changes.

While you’re under general anaesthesia, you will be connected to machines that monitor the activity of your heart and other body systems.

Your anaesthetist will keep a close check on your heart rate, blood pressure and the amount of oxygen in your bloodstream. You may have a tube in your airway to help you breathe during the procedure.

At the end of the operation, your anaesthetist will stop giving anaesthetic drugs. If muscle relaxants have been used, a drug that reverses their effect will be given. When your anaesthetist is sure that you are recovering normally, you will be taken to the recovery room and from then on a specially trained nurse will take over your care.

**What to expect afterwards**

Immediately after your procedure you will be moved into a recovery room, you will slowly become aware of your surroundings. You will be given oxygen to breathe through a facemask.

A nurse will monitor your heart rate, blood pressure and other vital body functions. You may feel sleepy or disorientated for 15 minutes or so and you may have a sore throat. You may also feel sick, but medicines are usually given to make this less likely, and further medication will be prescribed to help you.

You may shiver after your operation. If you are cold you will be warmed with a warming blanket. Once your anaesthetist is happy with your progress, your nurse will disconnect the monitors and take you back to your ward.

You will need to rest until the effects of the anaesthetic have passed. As a day-case procedure, your nurse will remove the cannula and offer you something to eat or drink.