

YOU AND YOUR ANAESTHETIC

ANAESTHETICS

Patient Information Leaflet

This booklet aims to answer some of the questions you may have about your anaesthetic and contains fasting instructions. PLEASE READ IT and keep it safe. Any additional questions you may have can be discussed with your anaesthetist when they visit you before your operation.

BEFORE COMING TO HOSPITAL

There is much you can do to prepare yourself for surgery and the recovery period.

- If you smoke, giving up several weeks before the operation will reduce the risk of breathing problems during your anaesthetic and after your surgery.
- If you have obesity, reducing your weight will reduce many of the extra risks you face during your anaesthetic and after your surgery. It may also make the surgery easier.
- If you have loose teeth or crowns, a visit to your dentist before the operation may reduce the risk of damage to your teeth during the anaesthetic.
- If you have a long-standing medical problem that you feel is not well controlled (eg diabetes, asthma or bronchitis, thyroid problems, chronic pain or heart problems), check with your GP surgery whether there is anything you can do to improve it.
- It is also important that you consider any mental health concerns such as anxiety and depression, as these too can make a difference to your surgery and recovery.
- Increasing your activity in the weeks before surgery can improve your heart function and fitness levels. Studies have shown that this can make a big difference to your recovery from surgery.
- It is best to plan early for your recovery at home afterwards and let your friends and family know how they can best help you. Think about what you will eat and whether you need to make any changes at home to make your recovery easier.
- If you return home the same day having had a general anaesthetic or sedation, you will need to organise a responsible adult to take you home by car or taxi and stay with you for up to 24 hours.
- It is important to think how you can best relax on the day of your operation as you may have to wait before your surgery. Magazines, puzzles or listening to music through headphones can all be helpful.

AM I ALLOWED TO EAT AND DRINK BEFORE MY OPERATION?

Keeping hydrated before surgery is very important. We advise all patients to drink still water before they set off for the hospital.

Food (and fizzy drinks / juice / drinks containing milk, sugar or sweeteners) should not be eaten for a minimum of 6 hours before surgery. Please also avoid chewing gum. The reasons for this are:

- Food takes many hours to digest in the stomach. If there is food in your stomach, you have a higher chance of being sick as you are anaesthetised.
- This can be very dangerous as food may enter the lungs and cause pneumonia.
- If you have eaten food in the 6 hours before surgery, this may lead to your operation being cancelled.

If you are coming into hospital on the day of surgery, please comply with the following fasting instructions:

	FOOD	DRINKS
Morning operation	No food after 2am	Keep hydrated until 07:00
Afternoon operation	Breakfast before 7am, no food after 7am	Keep hydrated until 11:30
Drinks Allowed		Still water, squash, black tea, black coffee, carbohydrate rich drinks designed for perioperative use

AM I ALLOWED TO SMOKE OR DRINK ALCOHOL BEFORE MY OPERATION?

- Chemicals from smoking lower the amount of oxygen that can be carried in the blood, so try not to smoke for as long as possible before your operation. At the very least, don't smoke for 24 hours before your operation.
- The hospital operates a no-smoking policy. A nicotine patch may help you to give up smoking. These can be obtained from the hospital when you come in, a chemist or from your GP.
- Alcohol and anaesthetic do not react well together. Therefore, please avoid alcohol for at least 24 hours before and after your operation.

SHOULD I TAKE MY TABLETS BEFORE COMING INTO HOSPITAL?

- The pre-op assessment team will give you clear instructions on what medicines to take before your surgery, **please refer to their written instructions.**
- Many prescription medicines can be continued as normal, however you may be asked to omit some tablets before your operation. It is important to tell the nurse at the pre-assessment clinic about your medicines so that they can give appropriate instructions to you.
- There are some medicines which may need to be stopped several days before your operation e.g. blood thinning tablets such as Warfarin / Clopidogrel and replaced with alternative medicines. Any herbal or other over the counter supplements such as multivitamins must also be stopped.
- If you are diabetic on tablets or insulin, tell the nurse at the pre-assessment clinic, so that arrangements can be made to manage your diabetes while you are not allowed to eat or drink.
- **Bring your usual prescribed medication into hospital with you when you come in for your surgery (including any inhalers)**

WHAT IS ANAESTHESIA?

Anaesthesia stops you feeling pain and unpleasant sensations. It can be given in various ways and does not always need to make you unconscious. There are different types of anaesthesia, depending on the way they are given:

- **Local anaesthesia** involves injections that numb a small part of your body. You stay conscious but free from pain.
- **Regional anaesthesia**, eg a spinal or epidural, involves injections that numb a larger or deeper part of the body. You stay conscious or receive some sedation, but are free from pain. For some surgery you may be aware of pressure sensations.
- **General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations and procedures. You are unconscious and feel nothing.
- **Sedation** gives a 'sleep like' state and is often used with a local or regional anaesthetic. Sedation may be light or deep and you may remember everything, something or nothing after sedation.

WILL THE ANAESTHETIST SEE ME BEFORE MY OPERATION?

Yes, your anaesthetist will meet you before the operation. Anaesthetists are doctors with specialist training who:

- Discuss with you the type or types of anaesthetic that are suitable for your operation. If there are choices available, they will help you choose. The decision will depend on:
 - * The operation you are having and any medical problems
 - * Your particular risks
 - * Your preferences and the reason for them
 - * The recommendations and particular skills of the anaesthetist
 - * The equipment, staff and resources at the hospital
- Discuss the risks of anaesthesia with you
- Agree a plan with you for your anaesthetic and pain control afterwards
- Give your anaesthetic and are responsible for your wellbeing and safety throughout your surgery and in the recovery room.

WHAT HAPPENS BEFORE I GO TO THE OPERATING THEATRE?

- When you are getting ready to come to the operating theatre you will be given a gown to wear and depending on the operation you are having, you may be allowed to wear clean cotton pants or briefs.
- All jewellery must be removed if possible. This includes earrings, tongue studs and any other type of body piercing. The only exception is a plain wedding ring or items of jewellery you are unable to take off, these items will need to be taped up.
- Nail polish and false nails must also be taken off where possible - alternative ways of monitoring can be used in theatres. These items can interfere with how well some of the routine monitoring equipment works that you will have for your anaesthetic.
- If you wear glasses, have dentures, a hearing aid etc. you may wear these to theatre if you wish. You will be asked to remove these before going to sleep so please bring a container marked with your name and ward with you to theatre (these will be supplied by a member of the nursing staff)
- Pre-meds are no longer given as a routine. If you are very anxious then discuss this with your anaesthetist.

LOWER ARM / HAND SURGERY PATIENTS

It is extremely important that all jewellery is removed from your hand and wrist prior to pre-admission for any hand or wrist surgery (rings/bracelets etc). This is due to the risks of both infection and post-operative swelling. If you have a ring (or a bracelet) that cannot be removed then you should seek the advice of a jeweller and have this removed prior to admission, otherwise you do risk your surgery being cancelled. Please note that jewellery cannot be removed by hospital staff on the day

FEMALE PATIENTS (AGES 10 TO 55 YEARS)

To comply with national guidance, all female patients of childbearing age will be asked sensitively whether they could be pregnant and a urine test may be performed with the patient's consent. This is carried out for safety purposes for patients undergoing any operation or x-ray investigation.

WHEN YOU ARE CALLED FOR YOUR OPERATION

- A member of staff will go with you to the theatre.
- You can usually wear your glasses, hearing aids and dentures until you are in the anaesthetic room. You may be able to keep them on if you are not having a general anaesthetic.
- If you are having a local or regional anaesthetic, you may be able to take your own electronic device, with headphones to listen to music (check with your nurse beforehand).
- You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your own dressing gown and slippers.
- Routine checks will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked your name, your date of birth, the operation you are having, whether on the left or right side (if applicable), when you last ate or drank and if you have any allergies. These checks are routine in all hospitals
- You will be taken to the anaesthetic room when the operating theatre is ready for you. The staff will explain what is happening.
- It is routine for you to have your blood pressure and heart monitored, you will also have a "finger peg" to measure the oxygen in your blood.

ANAESTHETICS – ARE THERE ANY RISKS?

This section shows the common events and risks that healthy adult patients of normal weight face when having a general anaesthetic for routine surgery (specialist surgeries may carry different risks). Modern anaesthetics are very safe.

- Sickness
- Shivering
- Thirst
- Sore Throat
- Bruising
- Temporary memory loss(mainly in those over 60)

There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you.

There are other less common risks that your anaesthetist will not normally discuss routinely unless they believe you are at higher risk. These have not been shown in this leaflet.

- Very Common (More than 1 in 10) – Equivalent to one person in your family:
- Common (Between 1 in 10 and 1 in 100) – Equivalent to one person in a street:
 - Pain at the injection site
 - Minor lip or tongue injury
- Rare (Between 1 in 1000 and 1 in 10,000) – Equivalent to one person in a small town:
 - Corneal abrasion (scratch on eye)
 - Damage to teeth requiring treatment
 - Anaphylaxis (severe allergic reaction)
- Awareness during anaesthetic is very rare. The anaesthetist is present throughout your anaesthetic and monitors your anaesthetic levels continuously.
- Death occurring due to anaesthesia is also very rare. Problems are more common if you are already ill with an existing medical condition and require an operation. The risks are also increased as you get older or if you are overweight. In these circumstances, the anaesthetist will discuss your individual risk. If you have any particular concerns, you should discuss them with your anaesthetist before coming to theatre so that you may make an informed choice.

WHAT HAPPENS AFTER MY OPERATION?

- After your operation is finished you will be taken into the recovery room. The staff there will look after you until you are fully awake, comfortable and ready to go back to the ward.
- Some patients, having major surgery, may need to go to our High Dependency Unit (HDU) or Intensive Care Unit (ICU) post-operatively for special monitoring and care. If this is the case, it will be discussed with you.
- For some operations, you may need to have a drip. This is to stop you from becoming dehydrated. You may also have a tube drain from the operation site.
- Information on mobilising, eating, drinking and returning to work will depend on your procedure and should be discussed with your surgeon.

PAIN RELIEF AFTER LEAVING HOSPITAL

Although you may be given a supply of painkillers when you leave the hospital, it is sensible to buy some over-the-counter painkillers to have ready at home. If you are still needing them two weeks after discharge from the hospital, you should get in touch with your GP to discuss this further.

You may go home on morphine-type pain killers following your operation. It is important that you reduce and then stop these medications as soon as possible as their continued use can cause you significant harm.

CONTACT US

If you need any further information, please contact us at the anaesthetic pre-assessment clinic on 0161 419 5684. The following websites also provide additional information:

Royal College of Anaesthetists Patient Information Resources:

<https://rcoa.ac.uk/patient-information/patient-information-resources>

Stockport NHS Foundation Trust website:

<https://www.stockport.nhs.uk/services>

If you require the leaflet in large print, another language,
an audio tape or braille, Please contact:

Patient and Customer Services

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