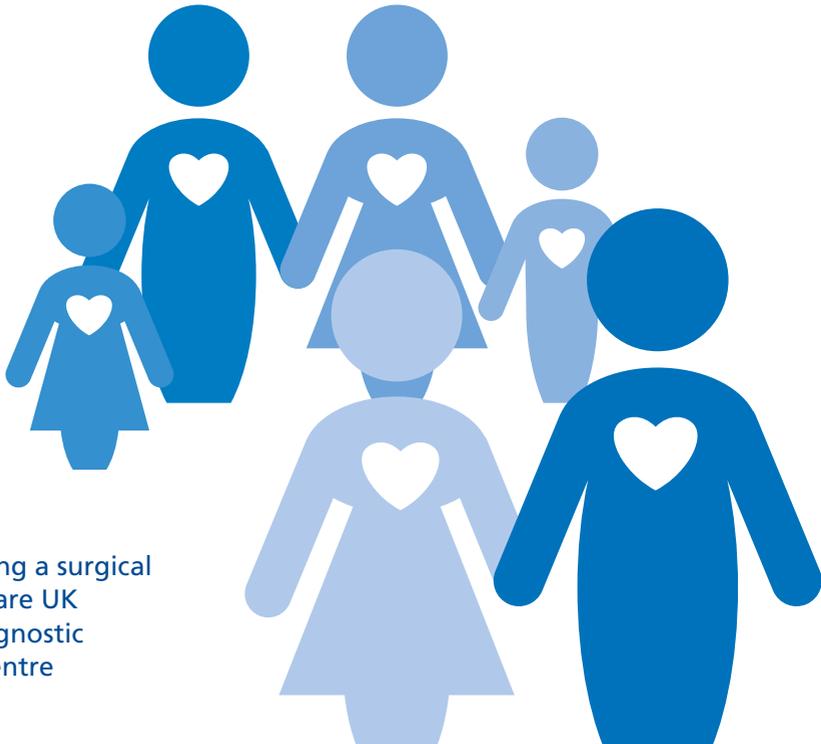


Patient information leaflet

# All about your anaesthetic

## 1 Introduction to anaesthesia and preparation for your surgery



For patients having a surgical procedure at a Care UK independent diagnostic and treatment centre



This is the first in a series of patient information leaflets which will provide you with information about the different types of anaesthesia and what to expect during your admission to a treatment centre for your operation.

By now, you will have seen the consultant surgeon in clinic and details of your surgical procedure discussed and agreed upon. You may also have seen one of the pre-assessment nurses in the Outpatient clinic, who has reviewed your medical history and may have undertaken some investigations such as blood tests and an electrocardiogram (ECG). You may have already filled out a patient questionnaire, detailing aspects of previous operations and current medical issues and treatments.

This first leaflet in the series provides an introduction to the concept of anaesthesia, how you should prepare for your day of surgery and what you can expect to happen when you arrive on the ward and before your operation.

Other leaflets will give more detailed information about the different types of anaesthesia and some of the risks involved with each, which you must consider before giving consent to the provision of anaesthesia for your surgery.



# Some basic concepts

## Anaesthetists - who are we?

Anaesthetists are fully qualified doctors who have undertaken specialist training in anaesthesia, pain management, intensive care and resuscitation.

We have a pivotal role in making your surgery as comfortable and safe as possible and are involved at every stage of your pathway through the NHS treatment centre.

- Before the operation, we will be able to discuss the different types of anaesthesia available for your surgical procedure and help you make the right choice for you.
- The anaesthetists working at CareUK treatment centres are all **consultant-grade** and very experienced.
- Agree a plan with you for the anaesthesia and the pain control after the operation.
- Discuss the risks associated with anaesthesia and pain control, so that you can make an informed choice and decision.
- We are responsible for administering your anaesthetic and for your well-being and safety throughout your surgery.
- We strive to make your experience as calm, safe and as pain free as is possible for your particular surgical procedure.
- After the operation, we will review you in the recovery room and back on the wards, both day case patients and those admitted overnight. We will manage any further pain control that you may require or other types of treatment such as a blood transfusion.
- The anaesthetists working at CareUK treatment centres are all consultant-grade and very experienced.

## Some types of anaesthesia

The translation of 'anaesthesia' from the ancient Greek language is the 'absence of sensation'. The more modern understanding of the term relates to medications or processes which stop you feeling pain and other sensations, allowing surgery to be undertaken comfortably and safely. It can be given in various ways and does not always make you unconscious. The types of anaesthesia that are available are: local anaesthesia; spinal anaesthesia; regional anaesthesia; and general anaesthesia.

**Note:** There may be only one type suitable for you and your proposed operation.

- **Local anaesthesia** involves the surgeon using a local anaesthetic solution to numb a small part of your body, either via an injection or with drops (such as eye-drops in cataract surgery). Surgery that is suitable for this tends to be of a more superficial nature (i.e. closer to the surface/skin); you stay conscious for the procedure but free from pain.
- **Regional anaesthesia** involves injections which numb a larger or deeper part of the body such as a single nerve block or a plexus (group of nerves) block. You stay conscious but free from pain.

- **Spinal anaesthesia** is a specific type of regional anaesthesia where an injection of local anaesthetic and pain killer is made in the low part of your spine, into the spinal fluid. This blocks the nerves to your lower abdomen and lower limbs. You stay conscious, unable to move your legs and free from pain.
- **General anaesthesia** is a state of controlled unconsciousness which involves the administration of anaesthetic agents which are either injected into a vein or breathed in. This type of anaesthesia is essential for some operations; you are unconscious and feel nothing.

***Other leaflets in this series will consider some types of anaesthesia in greater detail.***

### **Please note:**

- The local, regional and spinal anaesthetic techniques can involve the use of sedative medication which makes the patient sleepy during the operation, but not totally unconscious.
- This may not always be appropriate and so details of this will be discussed with you by both the surgeon and anaesthetist before the operation.

# How you can prepare for surgery

## 1. Before coming to the treatment centre for your surgery

There are a number of things that you can do to prepare yourself for your operation and to reduce the risks of anaesthesia and surgery:

- **If you smoke**, then giving up for several weeks before the operation significantly reduces the risk of breathing problems and makes your anaesthetic safer. The longer you can give up beforehand, the better, but even if you cannot stop smoking completely, cutting down will help.
- **If you are very overweight**, then reducing your weight will reduce many of the risks of having an anaesthetic.
- **If you have loose teeth or crowns**, then 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 under the anaesthetic.
- **If you have long-standing medical problems**, for example, diabetes mellitus, asthma or bronchitis, thyroid problems, heart disease or high blood pressure (hypertension) - you should consult with your GP and ask if you may need a check-up.
- **If you are pregnant, suspect that you may be pregnant or trying to get pregnant**, then it is very important to inform the treatment centre. Elective surgery should be postponed until after delivery of your baby because there is a risk (albeit a very small risk) that the stress of surgery and/or the anaesthetic may precipitate miscarriage or premature delivery.

Routine HCG-testing for pregnancy occurs in some NHS treatment centres pre-operatively in all women of child-bearing age admitted for a surgical procedure.

- **If you are breast-feeding your baby**, then it is also important to inform your anaesthetist about this. This may have some implications for the administration of anaesthetic and pain-killing medications because for some, the manufacturers have advised that there is a chance that a small amount of the drug could appear in the breast milk if taken by the mother and then given to your baby inadvertently.

### **Please note:**

It is important for you to prepare a list of all the **medication** that you currently take and details of any **allergies** or **drug intolerances** that you may have. This list, along with all your medication, should be brought into the treatment centre with you when you come in for your surgery. The medication should include all the **pills, medicines, herbal remedies and supplements** that you are taking, either prescribed by your GP or bought over the counter.

Some Centres stagger your admission times, please read your advised starvation time carefully.

## 2. On the day of your operation

There are a number of considerations and things to do on the day of your operation and you should already have received instructions for some of these either from the pre-assessment nursing team, the consultant anaesthetist if you saw one in clinic or from the letter you received confirming the date and time of your operation.

### a. Nothing to eat or drink - fasting ('Nil by mouth')

You should have instructions already from the out-patient clinic or anaesthetist in regard to what you can or cannot have to eat or drink on the day of your surgery. It is vital that you follow these instructions because there is a chance that your operation may have to be postponed to another day if something has been eaten or drunk inappropriately on the day of surgery. 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 seriously.

### In Summary\*:

#### **Morning Operation (8am–8.30am List Start)**

Normal food and drink the night before.

**No** food or milky drinks in the morning before op.

**Allowed** - clear water only, up to 6.30am (not an excessive amount).

#### **Afternoon Operation (1.30pm List Start)**

Light breakfast (cereal, toast) and milky drink

**Finished** by 7.30am.

**No** food or milky drinks after this time.

**Allowed** - clear water only, up to 11.30am (not an excessive amount).

**Note:** Please do not chew gum or suck boiled sweets in these fasting periods.

\* Local variations may exist depending on staggered admission times used in some centres - please refer to the letter confirming the date and time of your admission and read your advised

starvation times carefully

**b. If you are a smoker** you should not smoke on the day of your operation. This will help to avoid breathing problems during and after your anaesthetic. Smoking just hours before an anaesthetic will reduce the amount of oxygen that can be carried by your blood.

**c. If you are taking medicines**, you should continue to take these 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 and high blood pressure or herbal remedies, then you will need specific instructions for these.

***It is also important to let us know if your GP has started you on a short course of antibiotics for an infection because we would normally like this course of antibiotics to have finished at least 2 weeks before the date of***

***your operation.***

**d. If you feel unwell** when you are due to come into the treatment centre, please telephone the helpline number for advice as early as possible, even a few days before your operation date if applicable. They may advise you to stay at home and perhaps make an appointment with your GP. Or, they may advise you to come in anyway and the surgeon and anaesthetist will assess you to see if the operation should still go ahead that day.

# The day of surgery

## 1. Admission to the ward

You will have received a letter which tells you where and at what time you should arrive on the day of your surgery, appropriate for the treatment centre at which you are having your surgery.

In general, this will either be the day ward for patients having day-case surgery, or the in-patient ward for those patients staying one or more nights.

During your admission, your surgeon and anaesthetist will meet you before your operation either on the ward or in the theatre admission area, depending on the particular treatment centre.

The anaesthetist 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 OR decide for you, if you would prefer that.
- Answer any questions that you may have about the anaesthetic or its potential risks that you have noted from reading this leaflet or other leaflets in the series.

**Note:** This meeting will happen even if you have already met with an anaesthetist in the out-patient clinic and have already discussed some aspects of the anaesthesia with them.

### **Please note:**

It is important to remember that **nothing will happen to you until you fully understand and agree** with what has been planned for both the surgical procedure and the anaesthesia. 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 must not feel pressured to make a decision or at all embarrassed if you change your mind – it is your absolute right and it is a vital part of the consent process to ensure that every patient is fully compliant and in agreement with the treatment that has been proposed.

## 2. Before your operation

**a. The choice of anaesthesia** - There are a number of factors which will be considered before deciding upon the type of anaesthesia that you have for your operation:

- The type of surgery you are having
- Your medical history; your answers to the questions that you have been asked by the anaesthetists and nursing staff
- Your general physical condition
- Your preferences and the reasons for them
- Your anaesthetist's recommendations for your surgery and the reasons for them
- Occasionally, local resources – such as equipment, staff, post-op care facilities

The nurse you saw in the pre-assessment clinic will have provided you with the other leaflets in this series, appropriate for your particular surgery. The anaesthetist will discuss the choice of anaesthesia with you before the surgery.

**b. Premedication** – Any medication which is prescribed and given to you before your anaesthetic but doesn't include your own medication which you may already have taken:

- The prescribing of sedative medication before surgery was very commonplace a few years ago
- It is not usually required these days with improvements in anaesthetic medications, pain-relieving techniques and surgical techniques
- Large numbers of operations are performed as day cases – although sedative 'premeds' help you relax, they may make you drowsier after your operation and may delay your recovery and time when you are ready for discharge home
- Other types of premedication include pain killers and those drugs which prepare your body for the anaesthetic, such as antacid medication
- Such medication is usually given to you 30 to 60 minutes before your surgery is due to start with a small amount of water and will help the anaesthetic and the recovery period.

***If you think a 'premed' would help you, please ask your anaesthetist.***



