

Patient information leaflet

All about your anaesthetic

2 General anaesthesia and associated risks



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

This is the second 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.

The first leaflet has given you some general information about the basic concepts of anaesthesia and how to prepare for your day of surgery.

This second leaflet in the series looks at **General Anaesthesia** in greater detail and also considers some of the risks associated with it.

The section which documents the potential complications of anaesthesia and which attempts to explain the risk of their occurrence, is very important. You must read this leaflet carefully and understand that complications do occur, albeit very rarely for the most serious ones.

The blank page at the end of the leaflet is for you to make a note of anything you don't understand, or questions you would like to ask the anaesthetist when they come to see you after your admission to the Care UK NHS Treatment Centre.

- Every surgical patient will have an opportunity to discuss their anaesthetic with a consultant anaesthetist before surgery and have any questions answered.
- Some patients will see an anaesthetist consultant in the outpatient clinic and on the day of surgery. Others, just on the day of surgery.
- This will depend partly on your general health, your experience with previous anaesthesia and the operation you are having.
- Reading and understanding this leaflet, along with the answering of any questions that you have in regard to the proposed anaesthesia and methods of pain control, will provide **the informed consent for anaesthesia**.
- Your anaesthetist on the day of your surgery will ask you to confirm that you have read and understood the document, ask you if you have any questions or points that need clarifying and will then make a confirmation of this on the anaesthetic chart.

Having your anaesthetic

General anaesthesia

General anaesthesia is a state of controlled unconsciousness. There are two ways of starting or 'inducing' *general anaesthesia*:

- anaesthetic medication is given as an intravenous injection through the cannula that has already been placed in the back of your hand or forearm
- you can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer

In general, most patients will have the intravenous injection because it gives a smoother, quicker and slightly safer onset of anaesthesia. Very occasionally, the anaesthetist may agree to perform an 'inhalational induction' - the breathing in of gases - for patients who are absolutely terrified of needles. This will need to be discussed with the anaesthetist before coming to theatre.

Cannulation

- This is the placement of a plastic intravenous cannula into a vein via a needle
- It is performed by the anaesthetist or qualified nursing practitioner in the anaesthetic room or the theatre admission area
- The usual method of starting (inducing) general anaesthesia is by an intravenous injection

- A cannula is also placed in the back of your hand or forearm if you are having a regional or spinal anaesthetic but not usually if it is a local anaesthetic only
- Cannulation can worry some people but it is a very safe procedure

If it is something that worries you greatly, then you can ask to have local anaesthetic cream put on the back of your hand or side of forearm to numb the skin. This can be prescribed with the 'premeds' and ideally put on by the ward nurses about 45 minutes before the needle, although 30 minutes is probably enough time.

In the operating theatre

Once you are unconscious, your anaesthetist will remain with you at all times and will continue to give you medication to keep you asleep and to provide pain relief after the operation.

They will make a record of the course of the anaesthetic and the drugs given and will document observations of pulse rate, blood pressure, oxygen levels and levels of anaesthetic gases every few minutes.

They will also prepare you for the end of the operation. This is when the anaesthetic will be stopped, drugs may be given to reverse the effects of some of the medication that you have been given and the process of regaining consciousness begins.

Once the operation has finished and the anaesthetic has started to wear off, you will be escorted by the anaesthetist and a member of the theatre staff to the recovery room or PACU (Post-Anaesthesia Care Unit). Most patients are still asleep at this point or do not recall the transfer from theatre to PACU.

There will be a member of the recovery staff with you at all times in PACU, until they are satisfied that you have recovered safely from your anaesthetic and are comfortable, at which point you will be taken in your bed back to the ward.

Patients often ask how long they will take to recover from the anaesthetic. This is a difficult question to answer because people are very different in how quickly they clear their body of the drugs that have been administered.

In general terms, as you get into more senior years, the longer you will take to fully recover. The length of surgery is also important; longer surgery means longer anaesthetic time and so slower recovery.

You don't have to worry about this. You will be looked after carefully in the recovery area until you are ready to go back to the ward, and then you will be observed regularly until fully awake.

You are likely to feel quite groggy for several hours after the anaesthetic, even up to 48 hours afterwards; again this can be quite normal and it is best to rest, take it easy and not to worry.

Modern anaesthetic techniques and medication mean that we can now undertake a lot of operations as day cases because we can reduce the recovery time and give good pain control without too many side-effects like sedation and nausea (see below in 'Risks associated with your anaesthetic' and Leaflet 5: *After your operation*).

Risks associated with your anaesthetic

Anaesthesia has made much of today's surgery possible, has brought great benefits for surgical patients and is performed millions of times per year throughout the world.

In modern times, serious problems directly related to anaesthesia are very uncommon. However, risk can never be removed completely and there is always a balance to be made between the benefits of anaesthesia (removal of pain and sensation) and the risks of the anaesthetic procedure and the drugs used to achieve it.

This balance will vary from person to person and it is difficult to separate the anaesthetic risks per se from those of the operative procedure itself and your general health.

Please note:

It is very important that you read this section of the leaflet carefully because you must understand the risks involved in anaesthesia before being able to consent to it.

Modern anaesthesia in western world countries involves modern equipment and medication, along with structured and robust training practices and examination, making it a very safe procedure in recent years.

Deaths directly caused by anaesthesia are very rare. In the UK, there are probably about five deaths for every one million anaesthetics given.

To understand a risk, you must know:

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

In everyday life, people vary in the risks they are willing to take – you just have to look at how some people drive or the sports that they undertake!

Also, anaesthetists and patients may hold very different views about the importance of risk – after all, anaesthetists do this every day of their working week, but for many patients this may be their first experience of anaesthesia and so are naturally worried and want to know what could go wrong.

Factors increasing your risk as an individual include:

- whether you have any other medical illness
- personal factors such as smoking, a high alcohol intake or being very overweight
- having surgery which is complicated, long or performed in an emergency

NB: The Royal College of Anaesthetists website has more information in regard to the risks associated with having an anaesthetic:

www.rcoa.ac.uk/patientinfo

The risks of anaesthesia can be separated into **side-effects** and **complications**:

Side effects: secondary effects of drugs or treatments, often anticipated but sometimes unavoidable. Unpleasant side effects do not usually last long; some are best left to wear off and others can be treated. Examples include nausea and vomiting after pain-relieving medication.

Complications are unexpected and unwanted events due to a treatment. Examples would be an unexpected allergy to a drug or damage to your teeth caused by difficulty in placing a breathing tube.

Risks can be specific to general anaesthesia only (GA), regional anaesthesia only (RA) or can occur in both (see chart on next pages). In general terms, the more complicated the anaesthesia and surgery is, with the use of many drugs and drug combinations, the more chances there are of complications and side-effects.

Interpreting words and numbers

People vary in how they interpret words and numbers. The following scale can be used to put the occurrences of risks associated with anaesthesia into context with a numerical value:

Very common:

1:10 (10^1) 1 in every 10

Common:

1:100 (10^2) 1 in every 100

Uncommon:

1:1000 (10^3) 1 in every 1000

Rare:

1:10,000 (10^4) 1 in 10 thousand

Very rare:

1: 100,000 (10^5) 1 in 100 thousand

Or: The risk of something happening to one in a 100 people means that it will not happen to 99 of them.

Complication or side-effect	Anaesthetic type
I) Very common common	[1 in 10] to [1 in 100] risk
Feeling sick and vomiting after surgery	GA and RA
Sore Throat	GA
Dizziness / Feeling Faint / Blurred Vision	GA and RA
Headache	GA and RA
Bladder problems	GA and RA
Damage to lips or tongue (usually minor)	GA [5 in 100 risk]
Itching	GA and RA
Aches, pains and backache	GA and RA
Pain during injection of drugs	GA and RA
Bruising and Soreness	GA and RA
Confusion or Memory Loss	GA
II) Uncommon complications	[1 in 1000] risk
Shivering	GA (rarely RA)
Chest Infection	GA
Muscle pains	GA
Slowed breathing (respiratory depression) / Breathing Difficulties	GA and RA
Damage to teeth / caps / crowns	GA
Existing medical condition getting worse	GA and RA
III) Rare and very rare complications	[1 in 10,000] to [1 in 100,000] risk
Damage to the eyes	GA
Heart attack or stroke	GA and RA
Serious allergy to drugs	GA and RA [1 in 10,000 risk] Royal College of Anaesthetists
Nerve damage	GA and RA
Death	GA and RA [5 in 1 million risk] Royal College of Anaesthetists
Equipment failure	GA and RA
Awareness (becoming conscious during your operation when you were supposed to be fully asleep)	GA [1 in 20,000 risk] NAP 5 - Royal College of Anaesthetists

