



Anaesthesia for Adults

Waikato Hospital

You have received this information leaflet as you or a family member requires an anaesthetic for an operation or medical procedure. This leaflet gives you some basic information about your anaesthetist and anaesthesia. If there is anything you don't understand, please ask.



YOUR ANAESTHETIST

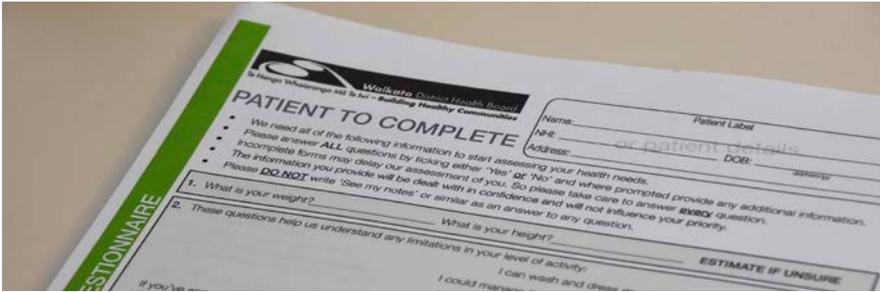
An anaesthetist has a medical degree, and a further seven years (minimum) of practical experience and examinations, before qualifying as a specialist anaesthetist.

In a teaching hospital, such as Waikato, you may be looked after by a registrar (trainee specialist anaesthetist). A registrar is already a qualified doctor, but while these doctors are training for their specialist qualification, they are under the supervision of a fully trained specialist anaesthetist.



BEFORE YOUR OPERATION

In order to provide the best care, your anaesthetist requires some information about you. You will need to complete a Health Questionnaire; the information provided will determine whether you need to be seen for an assessment prior to the day of surgery. This assessment may be done by a nurse or an anaesthetist. You may also have blood tests.



In some cases your medication may need adjusting. If you are taking diabetic medications or drugs that thin your blood, you will need special instructions. Health supplements or herbal remedies which are non-prescribed can interfere with conventional drugs, anaesthetics and blood clotting - do not take these for a week before surgery, as a general rule of thumb. Otherwise, take all of your tablets as usual on the day of surgery. Medication instructions will be written down for you.

The following are regarded as useful things to do before an anaesthetic:

- **Stop smoking** - if you stop even for a day or two, your blood cells will be able to carry more oxygen around your body. If you can stop for about six weeks before you come into hospital, you are also less likely to get a chest infection, a wound infection or delayed wound healing after the operation, which can extend your stay in hospital.
- If you are overweight and unfit, try to reduce your weight and improve your level of fitness before surgery - this will reduce your risk of complications. Undergoing and recovering from surgery is a bit like running a marathon, which none of us would attempt without training. If you are unfit, examples of simple things you could do whilst waiting for surgery include: standing from sitting without using your arms x10 each ad break whilst watching TV, regular walking (with increasing distances), and stair climbing (with increasing number/repetitions).

If you become unwell in the days leading up to your operation, please ring the hospital on the number in your letter. In general, if you have a high fever, are lethargic and off your food, or have an exacerbation of an underlying health problem e.g. asthma, we would postpone your surgery. If you have a dry cough or slight snuffle, we would proceed. Many cases fall between these scenarios, so call us for advice.

ON THE DAY OF SURGERY

Before your operation

We will:

- confirm the surgery you are having and answer any questions
- review your health and discuss any anaesthetic options, risks and benefits
- decide with you which anaesthetic would be best for you.



In the operating theatre

You will be met by your theatre team, who will do a final check of everything, and ask you to confirm your details. There are seven to ten members in a theatre team including nurses, surgeons, anaesthetists and technicians. They are all there to look after you.

You will have an intravenous drip placed in your arm, and then be attached to the monitoring equipment in theatre. These watch your heart, blood pressure, oxygen level and breathing during the operation, making sure that you are as safe as possible.



For some major operations, you may require some extra monitors, such as a line in the artery in your wrist, or a special intravenous line in to one of the major veins in your neck.

You will be asked to breathe oxygen through a mask. Your anaesthetist stays with you for the whole operation - their sole role is to look after you. For very long operations, they will have a break, but somebody equally qualified will look after you while they are gone, and until you are safely in the recovery room.



After your operation

You will wake up in the recovery room with an oxygen mask and some monitoring connected to you. A specially trained nurse will check you are comfortable as you recover from your anaesthetic.



Types of anaesthetic

The type of anaesthetic you receive will depend on the type of surgery. Sometimes a combination of the following types of anaesthesia are appropriate:

General anaesthesia - you are put in to a state of unconsciousness for the whole operation. This involves giving an injection of drugs or breathing a special gas, to anaesthetise you. While you remain unaware of what is happening around you, the anaesthetist is always with you, constantly monitoring your condition and comfort, and adjusting the level of anaesthesia and pain relief.

Regional anaesthesia - a nerve block numbs one part of the body. Examples include spinal and epidural anaesthesia, arm/leg blocks and eye blocks. Local anaesthetic is injected near the major nerve pathways to the part of the body where the surgeon is operating. You can be wide awake, or if you prefer, the anaesthetist can give you other drugs to make you relaxed and drowsy during the procedure.

Spinal - this is commonly used for caesarean sections and joint replacements. Your back is cleaned and covered to make the site sterile; the skin is then numbed with some local anaesthetic. After this, you may feel some gentle pushing as the spinal is placed. Once it has been inserted, you will feel your lower half become warm; your legs will rapidly become heavy, and we will help position them on the bed. We will confirm the spinal is working very well before the surgery begins. The pain nerves will be completely numb; you may still be aware of sensations of touch/movement during the surgery, but not pain. A spinal anaesthetic lasts about two hours.



Local anaesthesia - local anaesthetic is injected at the site of surgery itself, to cause numbness. You will be awake.

Monitored sedation - the anaesthetist gives you a range of drugs to keep you comfortable, drowsy but able to respond to questions if needed.



PAIN RELIEF

Good pain relief is very important. Anaesthetists are skilled in a range of methods to treat pain. Your anaesthetist will decide with you what is most suitable for you and the type of surgery planned. Pain relief can be given by various routes. Options are as follows:

Oral - pills, tablets or liquid to swallow. These take about half an hour to work, and you need to be able to eat and drink to take these.

IV - we often give IV or intravenous pain relief while you are asleep, and post-operative pain relief may be given this way, especially early on. For some sorts of surgery, you may be given a PCA (Patient Controlled Analgesia) pump which allows you to control your own pain relief. When you press the button, the machine delivers a set amount of drug, usually an opioid, in to your vein. The Anaesthetist sets limits on the machine, so you cannot overdose yourself. In the elderly or confused, the nursing staff will manage the pain pump. This pain relief will be changed to oral at the earliest opportunity, which gives you longer lasting relief.

Local anaesthetic - used to numb the operation site. It works for several hours afterwards. This can be used alone for minor operations e.g. removal of a skin lesion, or with general anaesthesia, to contribute towards post operative pain relief.

Nerve block - local anaesthetic is injected around a nerve supplying a region of the body using an ultrasound scan to locate the site. For example, for hernia surgery we can numb the nerves in the abdominal wall muscles which supply the groin, for hip/knee surgery we can numb the nerves in the groin which supply the leg. It is very rare for an anaesthetist to damage nerves when placing a nerve block. This sort of local anaesthetic lasts for many hours afterwards.



Epidural - this is similar to a spinal, except that a small plastic tube is left in your back through which we can run local anaesthetic for a few days. It is commonly used for chest surgery, major abdominal surgery or sometimes for surgery on the legs.

SIDE EFFECTS. RISKS AND COMPLICATIONS

Your anaesthetist will plan the safest anaesthetic for you, and is specially trained for any problems that arise. Anaesthesia is safer now than it has ever been, and is regarded as one of the safest medical interventions. Anaesthesia risks are greatest in the elderly and very young, but serious complications can occur in anyone, regardless of age or fitness. A way of thinking about this is considering travelling somewhere in a car. There is always a risk of serious accident or even death on the roads, but we deem this low enough, and sufficiently unlikely that we go and drive anyway. Everyone reacts to and tolerates anaesthesia differently. The risks you face depend on your health, and the type of operation you are having. The anaesthetist will discuss these with you. Their role is to ensure as safe an experience for you as possible.

Common side effects - sore/dry throat, nausea and vomiting, headache. Most of these side effects can be treated with medication. Elderly patients may get confused.

Uncommon side effects - lip/teeth injury (from placing or removing breathing tube), longer lasting confusion in the elderly.

Very rare complications - heart attack, stroke, serious allergy to drugs, organ failure, major nerve or brain damage, awareness during a procedure, death.

Awareness is very unlikely in low risk surgery, and for anaesthesia the risk of waking during the operation is around 1 chance in 15,000 anaesthetics. Your anaesthetist is constantly monitoring your depth of anaesthesia. The chance of dying unexpectedly during anaesthesia if your age is less than 60 years, and you are fit and well, is about 1 chance per million anaesthetics given. If you are over 60 years, the risk is higher, but still very low, at approximately 1 chance per 60,000 anaesthetics given.

For more information. you can go to the following websites:

<http://www.anaesthesiasociety.org.nz/patient-info/>

<http://www.anzca.edu.au/patients>

<http://allaboutanaesthesia.com.au>

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