

Anaesthesia

A guide for patients



Preparing for your Anaesthetic

An Anaesthetist is a doctor with additional specialist training in anaesthesia and pain management. They are responsible for assessing your fitness for surgery, as well as providing anaesthetic care and pain management.

Eating, drinking and your medications

Eating: Serious complications may occur if you have eaten before your anaesthetic. If you are having an operation you must not have any food for at least six hours before your admission.

Drinking: You may drink small amounts of water only (no more than a cup per hour) up until two hours before you arrive at the hospital.



Note:

In some circumstances, your doctor may give you other information about fasting.

Medications: Most medications are continued even when you are fasting. These can be taken with sips of water. Your doctor will tell you if there are any that should stop.

If you take blood thinning medications or certain diabetes tablets, these may need to be ceased some days before surgery.

Examples of these include, antiplatelet agents (e.g aspirin, clopidogrel), anticoagulants (e.g. warfarin, apixiban, rivaroxiban, dabigatran) or the SGLT 2 inhibitors (e.g Jardiamet, Jardiance, Xigduo, Forxiga, Glyxambi, Qtern). Your doctor will give you a written plan with how to manage these medications around your surgery.

In some circumstances you may need to take another medication during this time i.e clexane instead of warfarin, or metformin instead of jardiamet.

Types of Anaesthesia

Sedation

Sedation is the giving of medication to help you feel physically and mentally relaxed during a procedure which might otherwise be unpleasant or painful. Sedation is used for procedures which do not require a general anaesthetic, such as gastroscopy, colonoscopy, or removal of a skin cancer. If you have sedation, it is possible that you will be aware of noises or voices around you during your procedure. Your level of sedation will be closely monitored and can be increased or decreased as required.

General Anaesthesia

A general anaesthetic is necessary for some operations. You will be unconscious and feel nothing. It will usually be started with an injection into a cannula (a plastic tube placed in a vein). Your anaesthetist will stay with you throughout the operation and will continue to give you anaesthetic drugs and to monitor your vital signs and continuously care for you during your operation. As soon as the operation is finished the drugs will be stopped so that you can regain consciousness.

More common and short-term complications include nausea, blurred vision, itching, a sore throat and drowsiness. Confusion and memory loss may occur, particularly in elderly patients. Dental damage is uncommon. Major complications of general anaesthesia are rare. These complications include heart attack, stroke, severe allergic reaction or awareness under anaesthetic. The level of risk varies with your health, and the anaesthetist will discuss particular risks with you.

Regional anaesthesia

Regional anaesthesia involves injections of local anaesthetic around particular nerves in the body to produce large areas of numbness.

Spinal and Epidural Anaesthesia

These both involve injection of local anaesthetic into the area around the spinal cord, which numbs nerves to the lower half of the body. They are often used in knee and hip replacement, abdominal and pelvic surgery. The injections are done under local

anaesthetic with light sedation if needed. Numbness and an inability to move the legs then occurs which lasts around four hours depending on the dose given. An epidural can be used for pain relief for a few days after the operation. A spinal anaesthetic or an epidural may be used in addition to a general anaesthetic, or it may be used alone to avoid the risks associated with a general anaesthetic.

Complications are uncommon. The more common side effects include headache (risk of 1 in 200), itching and short-term problems passing urine. Rare but serious complications include nerve damage and bruising or infection around the spine.

Peripheral Nerve Blocks

An injection of local anaesthetic, often guided by ultrasound, can be used to produce numbness of parts of the body. This injection may be used on its own or in combination with a general anaesthetic. A nerve block can give pain relief for up to 36 hours depending on the site of injection and the medications used. Sometimes a catheter (a very thin tube) can be left in place to give pain relief for longer. Benefits of a nerve block include a shorter recovery period, better quality of pain relief and reduced incidence of nausea after your operation.

It is important to recognise that numbness and weakness of the anaesthetised area may still be present after discharge from hospital, so care must be taken until sensation and power return. Nerve damage may occur in less than 0.1% of nerve blocks. The majority of those affected recover within six weeks. Permanent nerve damage is very rare, it occurs between 1 in 5000 and 1 in 30,000 nerve blocks.

Other Information

Blood transfusions are occasionally required in some cases. The risks and benefits of a transfusion will be discussed with you if a transfusion is likely.

Smoking

One of the most important steps to improve your health is to stop smoking. Stopping smoking, ideally for six weeks, but at least for three days prior to your procedure, increases the safety of your anaesthetic and decreases the incidence of wound infection. Nicotine patches, gum or tablets are perfectly compatible with your anaesthetic.

Day surgery patients

If you are to be discharged from hospital on the same day as your surgery:

- You require a responsible adult to accompany you home and you should remain in the company of an adult overnight.

- You should not drive, operate machinery or make important decisions within 24 hours if you have had anaesthesia or sedation.
- You will be discharged with appropriate pain relief tablets and clear instructions regarding wound care, follow-up with your surgeon and contact information (should you have problems following discharge).
- You will only be discharged if your post-operative pain is controlled, you feel well and are able to walk safely.

For further information

Our information brochures regarding post-operative pain relief and anaesthesia for eye surgery are available from the pre-admission clinic. You can also visit:

www.anzca.edu.au/patients

www.asa.org.au/understanding_anaesthesia

Prior to surgery, if you have questions about your admission or cannot attend for your procedure, please contact the admissions office on **9767 6855** or the preadmission clinic on **9767 8385**

Your Admission Date is

Please phone **9767 7631** the working day before between 3.30 - 7pm, to find out your admission time and to confirm your fasting time.

Fasting Instructions

No food or drink (other than water) for six hours prior to admission. Water is allowed until two hours before admission.

STOP the following medications before your procedure on the date shown:

On the morning of the procedure, **take all your normal medications with a sip of water EXCEPT:**

Please bring your medications, scans, x-rays, CPAP machine (if you have one) to the hospital.

Affix patient label here