



This information sheet answers frequently asked questions about having sedation. It has been developed to be used in discussion with your doctor or healthcare professional.

1. What is sedation?

Sedation involves small amounts of the medicines used for anaesthesia which make you feel relaxed and sleepy but not unconscious for your procedure/treatment/surgery. You may remember some or little about what has happened. You may still be somewhat aware of your surroundings, what is happening and be able to respond to instructions.

Most sedation is given by using a needle to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist/healthcare professional who might be able to do things to help you.

2. What does my anaesthetist do?

Your anaesthetist is a doctor with specialist training who will:

- assess your health
- discuss sedation and the risks of sedation
- agree to a plan with you for your sedation and pain control
- be responsible for giving your sedation and caring for you during your procedure and straight after your procedure.

You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor/healthcare professional/student undergoing further training. All trainees are supervised according to relevant professional guidelines.

3. What are the risks of sedation?

Modern sedation is generally very safe but there is still a risk of side effects and complications. Whilst side effects are usually temporary, some of them may cause long-term problems.

Side effects and complications are also increased if you:

- are elderly
- smoke
- are overweight.

3. What are the risks of sedation? (continued)

- if you have an illness, including the following:
 - a bad cold or flu, asthma or other chest disease
 - diabetes
 - heart disease
 - kidney disease
 - high blood pressure
 - other serious medical conditions.

Common side effects and complications include:

- nausea and vomiting
- headache
- pain and/or bruising at the injection site
- sore or dry throat and lips
- dizziness or feeling faint, especially when you start to move around
- fall in blood pressure
- mild allergic reaction such as itching or a rash
- damage to teeth, dental prosthetics and lips
- where there is a deep level of sedation (which may be required for your procedure):
 - loss of consciousness
 - responsiveness only to painful touch
 - difficulty breathing
 - heart function can be affected
 - the anaesthetist is trained to manage the above situations.

Uncommon side effects and complications include:

- weakness
- allergic reactions and/or asthma
- an existing medical condition getting worse.

Rare risks and complications include:

- vomiting which can force stomach contents into the lungs and cause pneumonia
- severe allergic reaction or shock
- damage to nerves and pressure areas
- stroke or heart attack
- blood clot in the lungs
- epileptic seizure
- brain damage
- death.



4. What are my specific risks?

There may also be risks specific to your individual condition and circumstances. Please discuss these with your doctor/healthcare professional and ensure they are written on the consent form before you sign it.

5. What are the risks of not having sedation?

There may be consequences if you choose not to have the sedation. Please discuss these with your doctor/healthcare professional.

6. What are my responsibilities before having sedation?

You are at less risk of problems from an anaesthetic if you do the following:

In preparation for your procedure:

- Increase your fitness before your procedure to improve your blood circulation and lung health. Ask your GP about exercising safely.
- If you are overweight, losing some weight will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely.
- Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48).
- Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines.
- Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic.
- If you take anticoagulant or antiplatelet (blood thinning) medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/herbal/alternative medicines, such as fish oil or turmeric:
 - ask your surgeon and/or anaesthetist if you should stop taking it before surgery as it may affect your blood clotting.
 - do NOT stop blood thinning medicines without medical advice

6. What are my responsibilities before having sedation? (continued)

- if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor when you can restart the blood thinning medicine.

On the day of your procedure:

- **Nothing to eat or drink** ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- **If you are a smoker or drink alcohol:** do not smoke or drink alcohol.
- **If you are taking medicines:** most medicines should be continued before an operation, but there are some important exceptions:
 - your doctor will provide specific instructions about your medicines
 - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking.
- **If you feel unwell:** telephone the ward/hospital for advice.
- Tell your doctor and the anaesthetist if you have:
 - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed
 - a drug addiction
 - had previous problems and/or known family problems with anaesthesia
 - false teeth, caps, loose teeth or other dental problems
 - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and are not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin)
 - allergies/intolerances of any type and side effects.



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7. What happens after the procedure has finished?

After the procedure, nursing staff will watch you closely until you are fully awake. This is usually in an area known as recovery. You will then be given something to eat and drink. You can rest until you have recovered enough to go home or to the hospital ward.

8. Following sedation

Sedation medicines may affect your judgment for about 24 hours or sometimes longer. For your own safety during this time:

- ask your doctor/health professional whether you can:
 - drive any type of car, bike or other vehicle
 - operate machinery including cooking implements
- do NOT make important decisions (such as withdrawal of money from the ATM machine) or sign legal documents
- do NOT drink alcohol, take other mind-altering substances, or smoke as these substances may react with the sedation medicines
- have an adult with you on the first night after your procedure.

9. Useful sources of information

Information on *Hospital care: before, during and after* and *Surgical procedures* is available on the Queensland Health website: www.qld.gov.au/health/services/hospital-care/index.html

Further information may be found on the following websites:

- Queensland Health: www.health.qld.gov.au/consent
- Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patients

Royal College of Anaesthetists:

www.rcoa.ac.uk/patientinfo

(This publication includes text taken from the Royal College of Anaesthetists' (RCoA) leaflets 'You and your anaesthetic, 2014' but the RCoA has not reviewed this as a whole).

10. Questions to ask my doctor/healthcare professional

Ask your doctor/healthcare professional if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure.

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11. Contact us

Your local contact details are:

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