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

1. What is local anaesthesia for my eye operation (surgery)?

Local anaesthesia is medicine that stops you feeling pain when having eye surgery and will give you pain relief for several hours afterwards. Local anaesthetic is usually given as eye drops to numb the surface of the eye. It is sometimes combined with injections into the area surrounding the eye (not the eyeball). You will be awake and aware of what is happening. You may have trouble imagining having an eye operation under local anaesthesia but it is the most common way and has fewer risks and side effects than a general anaesthetic, especially if you are elderly.

2. What are the benefits of having a local anaesthetic?

The benefits include:

- a quicker recovery from a local (rather than a general) anaesthetic
- your breathing or heart are usually not affected
- you are able to continue taking most of your normal medications
- you are able to eat and drink sooner
- you can usually go home on the same day

- a sedative may be given if you are anxious.



Image 1: Local anaesthetic eye drops.

3. What happens if a local anaesthetic is not suitable?

A local anaesthetic may not be suitable if you have:

- problems lying reasonably flat and still for 45–60 minutes
- an uncontrollable cough
- difficulty following simple instructions
- severe hearing difficulties
- trouble understanding what is said
- severe claustrophobia
- a known allergy to local anaesthetic medications.

If this applies to you, the anaesthetist or surgeon may discuss and suggest having a general anaesthetic for your eye operation.



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Image 2: Local anaesthetic eye injection

4. What are the risks of local anaesthetic for eye surgery?

Although every anaesthetic has a risk of side effects and complications, local anaesthesia for eye surgery is very safe.

Common side effects and complications include:

- mild bruising or a black eye from the injection; this is more common if you take drugs which thin the blood
- temporary fuzziness or double vision
- temporary sagging of your upper eyelid.

Uncommon side effects and complications include:

- the local anaesthetic does not work: your doctor will discuss if further local anaesthetic or a different type of anaesthetic is required
- infection can occur, requiring antibiotics and further treatment.

Rare risks and complications include:

- bleeding causing problems around the eye: the surgeon may need to delay the operation to another day

- significant damage to the eye, blood vessels or eye muscles (e.g. permanent partial or total sight loss; the needle making a hole in the eye requiring further treatment)
- serious effects on your heart, blood pressure and breathing, if the local anaesthetic spreads to your brain
- permanent fuzziness or double vision
- permanent sagging of your upper eyelid
- death.

Risks are increased if you:

- are elderly
- smoke
- are overweight
- have the following:
 - a bad cold or flu, asthma or other chest disease
 - diabetes
 - heart disease
 - kidney disease
 - high blood pressure
 - other serious medical conditions.

5. What are my specific risks?

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



6. What are the risks of not having this procedure?

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

7. What are my responsibilities before having a local anaesthetic?

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
 - 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 the 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.



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- **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, drug addiction), 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.

8. Who will give me the local anaesthetic?

Your local anaesthetic will be given by a specialist anaesthetist, your eye surgeon or their team, 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.

9. What happens when I am having the anaesthetic?

There may be stinging, pressure or pain which will last for less than a minute. Your eye will then be kept closed to prevent anything touching or damaging the eye. To help the anaesthetic spread, staff may massage your eye, apply pressure or place a small weight on the eye. Your anaesthetist or eye surgeon will check to make sure your eye is numb before starting the operation. Once the operation has started, you will be aware that the surgeon is working and may feel touch and pressure. You should not experience any pain. If you are uncomfortable in any way, you must let the operating theatre staff know, so that more local anaesthetic can be given if necessary.



10. What happens after the operation?

After the operation:

- You will be returned to the ward or day procedure area where you will rest until you are well enough to go home.
- Your eye may stay numb for 2–3 hours. When this wears off, you may feel some pain. The staff will let you know what medication to take which is usually paracetamol.
- You should not feel severe pain. If you do, please contact the hospital or eye clinic or your GP.
- The eye surgeon will give you specific instructions related to care of your eye. This may include for a period of time after your operation:
 - wearing an eye pad to protect your eye
 - not driving any type of car, bike or other vehicle
 - not operating machinery including cooking implements
 - having an adult with you, including the first night after your operation.

11. 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) leaflet '*Local anaesthesia for your eye operation, 2014*' but the RCoA has not reviewed this as a whole).

12. 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.

13. Contact us

Your local contact details are:



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