

Local anaesthesia for your eye operation

Adult (18 years and over) | Patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the anaesthetic. The patient information sheet should be included in the patient's medical record.



1. What is local anaesthesia for your eye operation and how will it help me/the patient?

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.



Image 1: Eye injection.
ID: 303486419. www.shutterstock.com



Image 2: Local anaesthetic eye drops.
ID: 374402503. www.shutterstock.com

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.

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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Preparing for the anaesthetic

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

- Increase your fitness before your anaesthetic to improve your blood circulation and lung health. Ask your GP about exercising safely.
- Lose weight, this 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.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines 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/clinician 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 and taken the usual time even on the day of surgery with a sip of water, but there are some important exceptions:
 - your doctor/clinician 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/clinician 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 is 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.

During the procedure

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.



2. What are the risks?

There are risks and complications with anaesthesia. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

Common risks and complications

- mild bruising/bleeding or a black eye from the injection
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- temporary blurred or double vision
- temporary sagging of your upper eyelid.

Uncommon risks and complications

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

Rare risks and complications

- 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 blurred or double vision
- permanent sagging of your upper eyelid
- death as a result of this anaesthetic is rare.

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.

What are the risks of not having local anaesthesia for your eye operation?

Not having an anaesthetic may result in you not being able to have the procedure.

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



3. Are there alternatives?

Making the decision to have an anaesthetic requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the anaesthetic?

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, 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.



5. Who will be performing the anaesthetic?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate anaesthetic. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the anaesthetic, please discuss with the doctor/clinician.

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.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers.

Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed anaesthetic.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.