



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

## 1. What is an anaesthetic?

An anaesthetic is medicine that stops or greatly decreases pain and other sensations you may feel when undergoing a procedure including surgery.

For you surgery/procedure, you may have a general anaesthetic, a regional anaesthetic, a local anaesthetic, sedation, or a combination of these types of anaesthetic.

### General anaesthesia

A general anaesthetic (sometimes referred to as a "GA") is a mixture of medicines to keep you unconscious and pain free during an operation. Medicines are injected into a vein and/or breathed in as gases into the lungs. To give the gases, the anaesthetist will use a face mask and/or a breathing tube which will be placed through your mouth or nose and into your throat. The tube is removed as you wake up after surgery.

### Regional anaesthesia

A regional anaesthetic numbs a large part of your body by local anaesthetic which is injected near major nerve bundles. You may not be able move that part of your body. It includes nerve blocks, caudal, epidural, and spinal anaesthetics. These techniques are used to stop pain during the operation, and can be used for stopping pain afterwards.

### Local anaesthesia

A local anaesthetic medication is used to numb a small part of your body and is used when nerves can be easily reached by drops, sprays, ointments or injections.

With local and regional anaesthetics you can stay awake. This type of anaesthesia can also be combined with sedation or a general anaesthetic.

### Sedation

Sedation medicines are used to alter your conscious state so that you are comfortable during procedures that do not involve a lot of pain such as colonoscopy, endoscopy, and small surgical procedures. You may remember parts of the procedure.

## 2. What is a pre-medication?

A pre-medication (pre-med) is a medicine that may be given to patients before some anaesthetics to help reduce or relieve anxiety. Sometimes medications for pain relief are given before the operation to decrease the amount of pain during and after the operation.

## 3. What does my anaesthetist do?

Your anaesthetist is a doctor with specialist training who will:

- assess your health and then discuss with you the type of anaesthetic suitable for your surgery or procedure
- discuss the risks of suitable anaesthetic options
- agree to a plan with you for your anaesthetic and pain control
- be responsible for giving your anaesthetic and caring for you during your surgery and straight after your surgery or procedure
- manage blood transfusions if required.

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.

## 4. What are the risks of having an anaesthetic?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some may cause long-term problems.



#### 4. What are the risks of having an anaesthetic? *(continued)*

Common side effects and complications include:

##### All anaesthetics

- nausea (feeling sick) and vomiting
- dizziness and feeling faint
- shivering
- headache
- itching
- pain when drugs are injected
- bruising and soreness around injection and drip sites
- bladder problems
- chest infection

##### General anaesthetic and/or sedation

- confusion (delirium)/behavioural disturbance
- emotional distress
- memory loss: this is more common among older people
- sore throat
- blurred vision
- drowsiness
- damage to teeth, lips and tongue

##### Regional anaesthetic

- prolonged numbness or tingling
- low blood pressure.

Uncommon side effects and complications include:

##### All anaesthetics

- existing medical problems getting worse
- allergic reaction
- breathing problems
- the anaesthetic does not fully work (e.g. being conscious or aware whilst having a general anaesthetic, or needing a general anaesthetic as an epidural did not fully block sensation in your lower body)

##### General anaesthetic and/or sedation

- damage to your eyes (e.g. grazes on the front of your eye): your eyes will usually heal
- muscle pain
- sleep problems

##### General and/or regional anaesthetic

- nerve damage (paralysis or numbness): it depends on the type of anaesthetic you have and is usually temporary, however, it may be permanent in some cases

##### Regional anaesthetic

- overdose of medicines (the anaesthetist can treat this)
- severe headache.

#### 4. What are the risks of having an anaesthetic? *(continued)*

Rare side effects and complications include:

##### All anaesthetics

- serious allergic reaction
- leaking of stomach content into lungs
- equipment failure
- cardiac arrest
- stroke
- permanent disability (e.g. permanent nerve damage with possible paralysis)
- deafness (usually short term)
- severe breathing difficulty (very rare)
- seizures (very rare)
- severe harm or death (very rare)

##### General anaesthetic

- vision loss and blindness
- raise in body temperature requiring emergency treatment

##### Regional anaesthetic

- infection (e.g. around injection site and epidural catheter; meningitis; epidural abscess).

For more specific information on risks and complications for local, regional, general, epidural, spinal, and children's anaesthesia, and sedation refer to the Queensland Health website: [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent)

#### 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.

##### The risk to you will depend on:

- how simple or complex your surgery is
- if your surgery takes a short or a long time
- if your surgery is an emergency.

##### Risks are also 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.



## 6. What are the risks of not having the proposed anaesthetic?

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 general anaesthetic?

As soon as you know that you may be having an operation, it is helpful to think about how you can be as healthy and fit as possible. If your operation is an emergency, your doctors and nurses will give you good care in the condition you are in.

### In preparation for your procedure:

- Visit your GP if you have a long-term condition, such as diabetes, asthma or bronchitis, heart problems or high blood pressure and you think you could make some improvement. Do this as soon as you know that you are having an operation.
- 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 and turmeric:

## 7. What are my responsibilities before having a general anaesthetic? (continued)

- 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 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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## 8. What does my anaesthetic recovery involve?

After the surgery, the nursing staff in the recovery area will watch you closely until you are fully awake. You will then be returned to the ward or day procedure area where you will rest until you are well enough to go home.

The anaesthetist will arrange pain relief, any other medications and extra fluids by a drip, if needed. Tell nursing staff if you have any side effects from the anaesthetic, such as headache, nausea, or vomiting. They will be able to give you some medication to help.

Some ways of giving pain relief are:

- tablets or pills:
  - used for all types of pain
  - you need to be able to eat and drink and not feel sick for these to work
  - these take at least half an hour to work
- injections:
  - will usually be given into a vein and pain relief is within a few minutes
  - can also be given into a muscle or under the skin and will take 20 minutes to work
- suppositories:
  - are small pellets that are placed into your back passage (rectum) for pain relief
- patient-controlled analgesia (PCA):
  - you control your own pain relief by pressing a button for your drip to give you a dose of strong pain relief medicines
  - it is programmed in such a way to prevent accidental overdose
- local/regional anaesthesia:
  - the surgeon often injects local anaesthetic into the wound while you are having the general anaesthetic giving you around 4–6 hours of pain relief after the surgery.

## 9. Following a general anaesthetic

A general anaesthetic will affect your judgment for about 24 hours or sometimes longer. For your own safety during this time:

- do NOT drive any type of car, bike or other vehicle
- do NOT operate machinery including cooking implements
- do NOT make important decisions (such as withdrawal of money from the ATM machine) or sign legal documents

## 9. Following a general anaesthetic? (continued)

- do NOT drink alcohol, take other mind-altering substances, or smoke, as they may react with the anaesthetic medicines
- have an adult with you on the first night after your surgery.

## 10. 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/before-after/index.html](http://www.qld.gov.au/health/services/hospital-care/before-after/index.html)

Further information may be found on the following websites:

- Queensland Health: [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent)
- Australian and New Zealand College of Anaesthetists: [www.anzca.edu.au/patients](http://www.anzca.edu.au/patients)
- Royal College of Anaesthetists: [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)  
(This publication includes text taken from the Royal College of Anaesthetists' (RCoA) leaflet 'Anaesthesia explained, 2015' but the RCoA has not reviewed this as a whole).

## 11. Questions to ask my 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/or proposed procedure, please talk about this with your doctor/healthcare professional.


## 12. Contact us

Your local contact details are:


