



Anaesthetic Information Sheet

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1. Types of anaesthesia

At the Cadogan Clinic we use TIVA (Total Intravenous Anaesthesia) for deep sedation and general anaesthesia. We are pioneers in its use in a day surgery setting, with nearly 15 years experience.

TIVA confers many advantages over a conventional anaesthetic gases. As the amount of anaesthetic agent can be more easily controlled, the most appropriate dose can always be given with reduced risk of nausea and vomiting after surgery and a quicker recovery time.

Information in this leaflet refers largely to general anaesthesia although deep sedation may be suitable for some of our procedures. Both general anaesthesia and deep sedation will be performed by consultant anaesthetist.

There are 4 broad types of anaesthetic state, although they exist along a continuum rather than clear distinctions:

1. **No sedation:** Talking, aware, will remember

Some operations can be done under local anaesthesia, with no sedation at all. May be a mole or wart removal. The surgeon injects some local anaesthetic to make a small area numb and then cuts it out

2. **Conscious sedation:** Talking, aware, may or may not remember

With minimal and moderate sedation, you feel comfortable, sleepy and relaxed. You may drift off to sleep at times, but will be easy to wake

3. **Deep sedation:** Not talking, may be aware, probably won't remember

With deep sedation you will given drugs through a vein (intravenously) administered by an anaesthetist. You are not unconscious, but sedated. Deep sedation is often conflated with twilight sedation however twilight sedation is broader term that covers a full range of anaesthetic state – the anaesthetist can vary depth of from conscious to deep sedation, even to general anaesthesia, according to the circumstances or the part of the operation. You will be relaxed and "sleepy" (a twilights state) and able to follow simple directions given by the doctor. Generally however you will generally forget the surgery and the time right after.

4. **General anaesthesia:** Not talking, not aware, will not remember



With general anaesthesia, also given intravenously, you are completely unaware and unconscious during the procedure. General anaesthetic affects your entire body and works on four primary levels:

- Unconsciousness: It sedates you, mimicking a very deep sleep or coma
- Immobility: Your body is unable to move
- Analgesia: Prevents you from feeling pain
- Amnesia: Ensures you don't remember the experience

2. Risks of Anaesthesia

A general anaesthetic is very safe, and is becoming ever safer

Universal monitoring, medical preassessment and good training have reduced the risk of general anaesthesia mortality to about 1 in 100,000, the same as the risk of being knocked down by a car living in London for two years.

However, for most patients an anaesthetic is an unusual and can be a worrying event.

There are a number of relatively common self-limiting side effects:

- Nausea, vomiting and feeling sick, especially in women and day case procedures (but unusual with TIVA)
- Shivering in recovery (but unusual with TIVA)
- Small bruises from the cannula or tube in your hand
- Muzziness, malaise or headache. This tends to occur in specific patients & with dehydration

Some issues may arise with specific anaesthetic procedures:

- Sore throat if you are intubated (a breathing tube in your throat)
- Urinary retention (temporary inability to pass urine)
- Retained chest secretions with larger operations

Major complications are very rare and include:

- Airway difficulties – I will examine you to assess if this is likely, but they can arise unexpectedly
- Thromboembolism – clots in the legs or lungs. Minimised with stockings, boots and drugs
- Injury to the skin, nerves, eyes and joints. We will protect and pad your skin when you are asleep
- Allergies to drugs – minimised by taking an accurate history
- Damage to teeth – unlikely unless you have crowns or loose teeth
- Awareness – minimised by monitoring the brain activity with BIS
- Confusion and delirium – mostly inpatients over 70yrs and minimised by EEG monitoring and certain drugs
- Heart attacks and strokes – normally restricted to patients with previous illnesses
- Injury or emergency procedures to the lungs, windpipe and major vessels – very uncommon

All risks are minimised by identifying individual patient issues at consultation with your surgeon and during the pre-operative medical questionnaire which is reviewed by your anaesthetist, your surgeon and a nurse. Your anaesthetist may request additional tests at this point or invite you in for a consultation if additional clarification needed.

3. Before, during and after anaesthesia

Preparing for your anaesthetic.



Before the day you should follow the following guidelines for anaesthetic safety and optimal healing. Your procedure will not go ahead if this advice is not followed

- 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 as fit as possible for surgery. Fitter patients recover from surgery more quickly and experience fewer complications.
- You must follow the fasting guidelines given
- You not drink alcohol for at least 48 hours before your scheduled surgery as it may interfere with your anaesthetic and affect bleeding
- You should stop taking recreational drugs as these may interfere with the anaesthesia
- You should have given up smoking a minimum of two weeks before surgery or more if advised by your surgeon. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing and heart problems during and after your procedure

What happens before the anaesthesia starts

- You will meet your anaesthetist in the pre-operative room before surgery. The anaesthetist will explain what is going to happen on the day and you will have the opportunity to ask questions
- The anaesthetist will also discuss the risks with you and you will consent in writing
- You will then meet our anaesthetic nurse who will ask you some further questions to double check all the information we have with you
- You will walk into theatre with our Anaesthetic Nurse who will introduce you to the team
- The team will introduce themselves to you and welcome you to theatre

What happens during anaesthesia

- Your anaesthetist will be present for the entire time you are “asleep,” monitoring your oxygen intake, vital signs, circulation, fluid loss, and level of consciousness to ensure everything remains at stable, normal levels.
- During your anaesthetic your anaesthetist will look after your breathing. The anaesthetist will usually place a breathing tube in your throat when you are unconscious.
- Your anaesthetist will put a monitoring device on your head (BIS Monitor) to track your brainwaves and check
- Typically, the period of time when you’re under general anaesthesia is a blank. Many patients report that it is a surreal experience—and practically no one remembers anything between when the medication is administered and waking up in the recovery room
- There are always two members of the Clinical team with you at all times when you are under anaesthesia and if you are female, at least one of these will be female
- Under general anaesthesia, you don't feel pain because you're completely unconscious
- Your surgeon will perform your surgery assisted by two scrub nurses or assistants and a ‘runner’ who can fetch additional items.
- You go will be wearing a gown when you arrive in theatre. At times the operating team may need to remove or adjust your gown to turn you, or to move on th
- You will be covered up by a blanket after your clothing has been adjusted to protect your modesty
- Your surgeon will perform your surgery assisted by two scrub nurses or assistants and a ‘runner’ who can fetch additional items.

What happens after anaesthesia, as you are waking up

- At the end of your procedure your anaesthetist will stop the anaesthetic drugs
- You will initially be cared for in a recovery room close to the operating theatre and will arrive by operating trolley



- Staff in the recovery room will usually give you extra oxygen through either a clear face mask or through soft plastic tubes that sit under your nostril. This is routine and does not mean that you are unwell.
- Staff in the recovery room are also responsible for monitoring your vital signs (such as pulse rate, blood pressure and temperature). They will also ask you how you feel and treat any sickness or pain that you may have. Sometimes you may feel a little cold or shivery – if this happens, they can give you a warm air blanket to quickly warm you. They will regularly check your wound to check there is no bleeding.
- When you first arrive in recovery after a general anaesthetic, you will feel fairly drowsy. It is common at this stage to drift off to sleep and perhaps dream. You may be aware of other patients around and the noise of monitors beeping. As you become more alert, your nurse will sit you up and talk with you. It is common not to remember a great deal of your time in recovery afterwards.

What happens after I am awake

- When the nurse looking after you in the recovery area is happy that you are awake, comfortable and stable, you will be transferred by wheelchair to your post-operative bed
- Your nurse will hand over all the important information and instructions to the nurse from the ward.
- Your nurse will continue to check all your vital signs, but less often.
- They will give you some sips of water before giving you something more to drink and eat. Try to rest and relax at this time.
- Your nurse will be experienced at knowing how you should progress
- They will also know when you are likely to be ready to go home so you can let the person know who is collecting you.

4. Post-operative instructions

We will make sure you are well enough to leave hospital and understand all our instructions before you are discharged. You and your chaperone will be given a written copy of the instructions before surgery.

Medicines

- In terms of painkillers and antibiotics, please take these regularly and as prescribed.
- Each dose bumps up your blood levels, so after a few regular doses all these drugs work better.
- No one likes taking medicines, but in our experience, you will be happier and get better quicker, if you do take them regularly just for a few days.

Safety

For 24hrs after your anaesthetic, please make sure you do the following:

- Have a responsible adult with you from the door of the hospital and do not drive yourself.
- Do not take risks, such as carrying or looking after children, making important decisions, or boiling hot water for tea. We are serious about having a responsible adult look after you for at least 24 hours.
- Are escorted on public transport and in taxis and are not a passenger on a motorcycle or bicycle.
- Have contact details of healthcare services in case of emergency.
- Get up and walk around as soon as you feel able, but make sure someone is with you for the first time to avoid a fall. This will reduce your chances of blood clots in the legs. Normal mobilization is sufficient but even some leg exercises in bed can help.
- Wear the compression stockings for one to two weeks after surgery as instructed.
- Have a light diet straight after an anaesthetic. Do not rush into eating lots.
- Have plenty of fluid, as this is useful to help you feel better more quickly but please avoid alcohol and strenuous activity
- Avoid smoking. This is important, as it affects wound healing after any operation.



5. Topics you may wish to raise with your anaesthetist

We really want to you feel as comfortable as possible before your surgery. Many people are comfortable in the hand of an expert and are happy to read the guidance, others prefer to ask questions.

Should you be the latter please give careful thought to which of the risks outlined in this leaflet could cause particular problems to you or could affect your decision about whether, and when, to go ahead with your planned operation. Think about your job, your responsibilities in life and your hobbies, and let me know if any of the potential side effects or risks could impact on them.

Questions you may wish to ask include

- Pre anaesthetic preparation for procedure
- The anaesthetic including alternative forms appropriate for the procedure
- Any regional or local nerve blocks, their benefits and risks
- Any specific monitoring in addition to routine monitoring
- Post anaesthetic care
- Additional procedures
- Potential Side effects
- Specific risks related to the patient or the anaesthetic technique
- Any previous issue you may have had with anaesthetic and how these will be addressed

6. Further reading

If you would like more information on Anaesthetics, including further risk leaflets, the best place to look is on the Royal College of Anaesthetists Website, under the patient information tab: www.rcoa.ac.uk