

Patient Information for Consent

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A01 General Anaesthetic
Expires end of September 2020

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What is a general anaesthetic?

A general anaesthetic is a combination of drugs that produce deep sleep. It is used for operations or procedures as it causes a loss of sensation. You will not be aware of what is happening and afterwards you will not remember anything that has happened.

The general anaesthetic will be given to you by an anaesthetist (doctor trained in anaesthesia). Your anaesthetist is usually assisted by a specially-trained healthcare practitioner.

A general anaesthetic has been recommended for you. However, it is your decision to go ahead with a general anaesthetic or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your anaesthetist or the healthcare team.

What are the benefits of a general anaesthetic?

You need to have an operation or procedure. So that your surgeon or doctor can perform the operation safely, you need to be in a state where you do not move and your muscles are relaxed. A safe way to achieve this is to give you a general anaesthetic.

Are there any alternatives to a general anaesthetic?

Depending on you and the type of operation, your anaesthetist may consider other forms of anaesthesia. However, certain operations can be performed only under a general anaesthetic.

Other forms of anaesthesia include injections near the area of surgery (local anaesthetic) or injections of local anaesthetic near major nerves or your spinal cord (regional, epidural or spinal anaesthetic). Local anaesthetics will numb the area to be operated on but you will be awake or under sedation for the operation.

What happens before a general anaesthetic?

If you are female, the healthcare team may ask you to have a pregnancy test. Sometimes the test does not show an early-stage pregnancy so let the healthcare team know if you could be pregnant.

Do not eat in the 6 hours before the operation. You may drink small sips of water up to 2 hours before. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

Before you are given the anaesthetic, the healthcare team will attach some monitors to you that measure your blood pressure and the amount of oxygen in your blood. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

Your anaesthetist and the healthcare team will carry out some final checks with you and each other. Even though you may have been asked some of the questions before, it is important to answer carefully as the checks are carried out for your own safety.

How is a general anaesthetic given?

Most people are sent to sleep by injecting the anaesthetic through a drip (small tube) in a vein. It takes about 30 seconds to work. The injection can ache a bit at the time but any discomfort will usually be gone when you wake up.

For some people it may be more appropriate to go to sleep by breathing an anaesthetic gas through a face mask. This also takes about 30 seconds to work.

You will be kept asleep either by giving you more of the same anaesthetic into the vein or by breathing anaesthetic gases. Your anaesthetist may also give you medication to reduce pain and sickness after the operation. Your anaesthetist will monitor you closely.

When the operation has finished, the anaesthetic wears off, allowing you to wake up again.

Is a general anaesthetic safe?

A general anaesthetic is safe for most people. Death after an operation is almost always because a person's body cannot cope with the surgery. The risk is higher if you have ill health and for emergency surgery.

Your anaesthetist may need to do some tests before the operation to assess how safe a general anaesthetic is for you. The tests will allow the healthcare team to decide if there is anything they might need to do differently. The tests will vary and may include the following.

- Blood tests to check for anaemia (your body not producing enough healthy red blood cells), the balance of salts in your blood, the level of sugar in your blood or how well your blood clots.
- ECG (electrocardiogram) to record the electric activity of your heart. An ECG may show the cause of an irregular pulse or evidence of a previous heart attack (where part of the heart muscle dies).
- Lung-function tests may be appropriate if you have asthma, bronchitis, emphysema or unexplained shortness of breath.

Sometimes, after examining you or because of the results of your investigations, your anaesthetist may recommend that you go to your GP or another specialist to improve your medical condition before surgery. This happens most with people who have high blood pressure, angina, asthma, diabetes or anaemia that is not well controlled.

How will my anaesthetist know that I am really asleep?

There is not a monitor available that can reliably say that someone is asleep. 1 in 20,000 people report being aware of what is happening during a general anaesthetic when they should be asleep. Your anaesthetist continuously monitors the amount of anaesthetic in your body to reduce this risk.

What can I do to help make the operation a success?

Keeping warm

It is important to keep warm around the time of the operation. Your anaesthetist will take steps to keep you warm when you are having the operation.

The hospital may be colder than your home, so bring extra clothing or a dressing gown. If you become too cold you may have a higher risk of developing complications such as an infection of the surgical site (wound) or heart problems. Let the healthcare team know if you feel cold.

Lifestyle changes

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

Your anaesthetist will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had a general anaesthetic. Your anaesthetist may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk of anaesthesia contributing to death: 1 in 60,000, risk of death: 1 in 100,000).

You should ask your anaesthetist if there is anything you do not understand.

Minor complications (not disabling or life-threatening)

- Feeling or being sick after the operation (risk: 1 in 4). The risk is higher with certain people and certain operations but can be reduced with medication given by either your anaesthetist at the time of the anaesthetic or the ward doctor after the operation. If you think you may be prone to being sick, let your anaesthetist know.
- Sore throat (risk: 1 in 6). This gets better quickly.
- Headache (risk: 1 in 20). This is not usually severe and settles with time. Simple painkillers such as paracetamol may help.

- Muscle and back pains caused by the medication used or being in one position during the operation (risk: 1 in 20). If you know that certain positions are likely to cause problems, let your anaesthetist know.

- Dental damage affecting your front teeth or crowns (risk: less than 1 in 100). Your anaesthetist will always ask to look inside your mouth. Let your anaesthetist know if you have any loose teeth, crowns or bridgework.

- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.

Overall about 4 in 10 people report some problem after a general anaesthetic.

Serious complications

- Loss or change of hearing (risk: 1 in 10,000). For most people this gets better.

- Eye injury (risk of short-term blurred vision: 1 in 20, risk of serious damage needing further treatment: 1 in 1,000, risk of loss of sight: 1 in 125,000). The risk is higher for some operations. Your anaesthetist will discuss this with you.

- Nerve injury (risk: 1 in 1,000). The nerve that usually gets damaged is the ulnar nerve that runs just behind your elbow. Any damage is usually mild and gets better but the damage may be permanent.

- Heart attack. This is unusual if you were fit before the operation. A heart attack is more common, but still unusual, in people with heart disease, diabetes or high blood pressure.

- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain). This is unusual if you were fit before the operation. A stroke is more common, but still unusual, in people with heart disease, diabetes, high blood pressure or a history of strokes.

- Chest infection and other breathing problems. You may get a minor breathing problem that settles (risk: 1 in 20). A chest infection is less common. The risk is higher if you smoke, have a chest or lung disease or are having a chest or abdominal operation.

- Allergic reaction to the medication used in the anaesthetic. Your anaesthetist is trained to detect and treat any reactions that might happen but an allergic reaction can be life-threatening (risk: 1 in 10,000).

How soon will I recover?

A general anaesthetic can affect your judgement and reactions for 24 hours. Do not drive, operate machinery (this includes cooking), do any potentially dangerous activities, sign legal documents or drink alcohol during this time.

If you go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are fit and maintain a healthy weight, you are more likely to do well after having a general anaesthetic.

Summary

A general anaesthetic is usually a safe and effective way for you to have an operation or procedure.

Most people do not have any problems and are satisfied with their anaesthetic. However, complications can happen. You need to know about them to help you to make an informed decision about the anaesthetic. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewer: Dr Iain Moppett DM MRCP FRCA

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.