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PATIENT INFORMATION FOR CONSENT TO ANESTHESIA – ADULTS

Your Anaesthetist

- Your Anaesthetist is a doctor who has studied Anaesthesia after qualifying as a Doctor
- Will assess your health and then discuss with you the type of anaesthetic suitable for your surgery.
- 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.

Types of Anaesthesia

You will be having a ***General*** anaesthetic, a ***Local*** anaesthetic, a ***Regional*** anaesthetic or a combination of these.

General Anaesthesia

A general anaesthetic is a mixture of drugs to keep you unconscious and pain free during an operation. Drugs are injected into a vein and/or breathed in as gases into the lungs. A breathing tube will be put into your windpipe to help you breathe while under the anaesthetic. The tube is removed as you wake up after surgery.

Local Anaesthesia

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

Regional Anaesthesia

Regional anaesthesia is where a large part of the body is numbed, for example epidural and spinal anaesthetics. These techniques are used to stop pain during the operation, and/or for stopping pain afterwards.
With local and regional anaesthetics, you can stay awake or you can sleep through the surgery (by giving you sedation or a general anaesthetic as well) but whether you are awake or asleep you are free from pain.

What are the risks of the Anaesthetic?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and Complications.
Whilst these are usually temporary, some of them may cause long- term problems.
The risk to you will depend on:

- Whether you have any other illness
- Personal factors, such as whether you smoke or are overweight
- How simple or complex your surgery is
- Whether your surgery takes a short or a long time
- Whether your surgery is done in an emergency.

Common side effects and complications of anaesthesia

- Nausea or vomiting
- Headache

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- Pain and/or bruising at injection sites
- Sore or dry throat and lips
- Blurred/double vision and dizziness
- Problems in passing urine.

Less common side effects and complications of anaesthesia

- Muscle aches and pains
- Weakness
- Mild allergic reaction - itching or rash
- Temporary nerve damage.

Uncommon side effects and complications from anaesthesia

- Being awake under general anaesthetic
- Damage to teeth and dental work
- Damage to the voice box and cords, which may cause a temporary hoarse voice
- Allergic reactions and/or asthma
- Blood clot in the leg
- Epileptic seizure
- Chest infection (more likely with smokers)
- Permanent nerve damage due to the needle when giving an injection or due to pressure on a nerve during the surgery
- Worsening of an existing medical condition.

Rare risks which may cause death

- Severe allergy or shock
- Very high temperature
- Stroke or heart attack
- Vomit in the lungs (pneumonia)
- Paralysis
- Blood clot in the lungs
- Brain damage.

Risks are increased if:

- you are elderly
- smoke
- overweight
- bad cold or flu, asthma or other chest disease
- Diabetes
- Heart disease
- Kidney disease
- High blood pressure
- Other serious medical conditions

Risks of a regional anaesthetic

Rarely, damage to nearby structures (eg blood vessels, lungs)

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Nerve damage, due to bleeding, infection or other causes. This may cause weakness and/ or numbness of the body part that the nerve goes to. This is usually mild and only lasts short time.
Rarely, nerve damage, may be severe and permanent. With an epidural or spinal this may cause paralysis of the lower half of the body (paraplegia) or all of the body (quadriplegia).

Extra specific risks with spinal and epidural anaesthesia are:

• Headache. Usually temporary but may be severe and can last many days.
• Backache. This is usually temporary due to bruising around the injection site. Rarely can it be long-term.
• Difficulty in passing urine. Usually temporary but for a few men it may require a consultation with a urology specialist

Your responsibilities before surgery

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

- Increase your fitness before your surgery to improve your blood circulation and lung health. If you are overweight, losing some weight will reduce many of the risks of having anaesthetic.
- Give up smoking at least 6 weeks 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.
- Bring with you to hospital all your prescribed drugs, those drugs you buy over the counter,
  Herbal remedies and supplements and show your anaesthetist what you are taking. Tell your
  Anaesthetist about any allergies or side effects you may have.
- Drink less alcohol as alcohol may alter the effect of the anaesthetic drugs. Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs before surgery as these may affect the anaesthetic. If you have a drug addictions please tell your anaesthetist.
- If you take Aspirin, Warfarin, Persantin,Clopidogrel (Plavix and Iscover) and Asasantin Ask your surgeon and anaesthetist if you should stop taking it before surgery as it may affect your blood clotting. You should not stop these without medical advice.
- If you are on the contraceptive pill let the surgeon and anaesthetist know.

You must tell the hospital doctor and the anaesthetist of any:

- *Health problems*
- *Infectious diseases*
- *Past operations*
- *Serious illnesses*
- *False teeth, caps, loose teeth or other*
- *dental problems*
- *Any medical problems needing regular*
- *treatment or a stay in hospital including*
- *diabetes, high blood pressure*

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- *Allergies/intolerances of any type*

Eating and Drinking

- It is very important not to eat, drink, and chew gum before surgery. No food or drink (including water) to be taken 6 hours before surgery.
- If you eat or drink after that time, your surgery may be delayed or cancelled.
- This is to make sure your stomach is empty so that if you vomit under the anaesthetic, there will be nothing to go into your lungs.

Your recovery from surgery

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

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 – the most common way giving pain relief. Injections are given into a muscle and will take 20 minutes to work. Injections can also be given into a vein; pain relief is within a few minutes.
• Suppositories – these are small pellets that are placed into your back passage (rectum) for pain relief.
• Patient-Controlled Analgesia (PCA) – this is where you control your own pain relief by pressing a delivery button to cause injection (via your drip) of strong pain relief drugs.
• Local/regional anaesthesia - this was explained under the types of anaesthesia heading.
• If you have had a general anaesthetic the surgeon often injects local anaesthetic into the wound while you are asleep; this can give you around 4 – 6 hours of pain relief afterwards before it wears off.

Things for you to avoid after general anaesthesia

A general anaesthetic will affect your judgment for about 24 hours. For your own safety;
• Do NOT drive any type of car, bike or other vehicle.
• Do NOT operate machinery including cooking implements.
• Do NOT make important decisions or sign a legal document.
• Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the anaesthetic drugs.
• Have an adult with you on the first night after your surgery.

NB: Your Medical Aid may cover only a part of the fee of your anaesthetic. Feel free to discuss this with your anaesthesiologist.

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If you have any queries or concerns regarding your Anaesthetic, please feel free to call Dr Salejee on 0845569917.
Further information regarding your Anaesthetic may be obtained at
http://www.sasaweb.com/Patients/FAQ

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