



**Braemar
Hospital**
Your choice for excellence

Understanding Anaesthesia

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please
bring this
booklet
with you
to the
hospital



Braemar
Hospital

Welcome

about anaesthetic

You are going to have an operation, so you will need to have an anaesthetic. The type of anaesthetic you receive will depend on the nature, site and duration of the surgery.

- 1. General Anaesthesia** – Is usually given by an injection of drugs into a vein through a plastic cannula or via a mask.
- 2. Regional Anaesthesia** – A nerve block that numbs the part of the body where the surgeon operates. Examples include spinal and epidural anaesthesia, arm blocks and eye blocks.
- 3. Local Anaesthesia** – A local anaesthetic is injected at the site of the surgery to cause numbness. You will be awake. A local anaesthetic is often used for small skin lesions.
- 4. Monitored Sedation** – Your anaesthetist uses a special range of drugs to keep you comfortable and sleepy but able to respond to questions if needed.



two

three

how the anaesthetic is given

General Anaesthesia usually given by an injection of drugs into a vein through a plastic canula or fluid drip. In children, and occasionally in adults we can give gases to put you off to sleep. (i.e. inhalation of gases). You may be given some oxygen to breathe.

General anaesthesia involves your anaesthetist giving you drugs to make you unconscious and able to tolerate the surgery. It is not just *“putting you off to sleep”*, (if you are asleep and someone tries to operate on you, you would quickly wake up and resist!).

The drugs we use will temporarily control normal protective reflexes, breathing and circulation.

When you wake up you will have an oxygen mask on and be connected to monitors that make beeping noises. They are just helping us to monitor you as you come round from the anaesthetic. It does not mean anything has gone wrong. We do this for everyone. You may be aware of the breathing aid as you wake up. We do not take this out until you are breathing safely for yourself.

Local Anaesthesia is an alternative to general anaesthesia where an injection is given to “numb” the area to be operated on. You may have some extra medication to make you relaxed and sedated if necessary.

Spinal anaesthesia is typically used for hip and prostate operations. Epidural anaesthetics may also be used for post-operative pain relief for major surgery of the legs, abdomen and chest.

Other examples of local anaesthetics frequently used are arm blocks for hand and arm surgery, femoral and sciatic nerve blocks for hip, knee and ankle surgery, and local blocks of the eye for cataract surgery.

Frequently, a **combination of general and local anaesthetic techniques** are used to provide optimal conditions for the operation and post-operative pain relief.

how safe is anaesthesia?

The safety of anaesthesia has continued to improve significantly over the years. This, in part, has decreased the risks during surgery and has allowed new and more complex operations to be performed. Ether and chloroform are things of the past. Today safer and more pleasant agents are used, which allow a more rapid recovery from the anaesthetic, with fewer side effects. Although anaesthesia is very safe, rare adverse events do sometimes occur.

Temporary unpleasant side effects of anaesthetics are not uncommon; these include nausea and vomiting, headaches, shivering, sore throat, muscle pains, bruises from cannula sites, superficial corneal (eye) damage very occasionally, and damage to teeth very occasionally.

Unfortunately, there can be major risks associated with any form of anaesthesia (local as well as general anaesthesia). For a fit healthy person, under the age of 60 having surgery that is not too major, the risk of dying unexpectedly of an anaesthetic related complication is about 1:200,000.

To put this in some perspective, the risk of death or major injury is probably no greater than the risk of driving on our roads for several hours. With increasing age over 60, the risk is about 1:60,000, and of course this may be increased with poorer health and more major surgery.

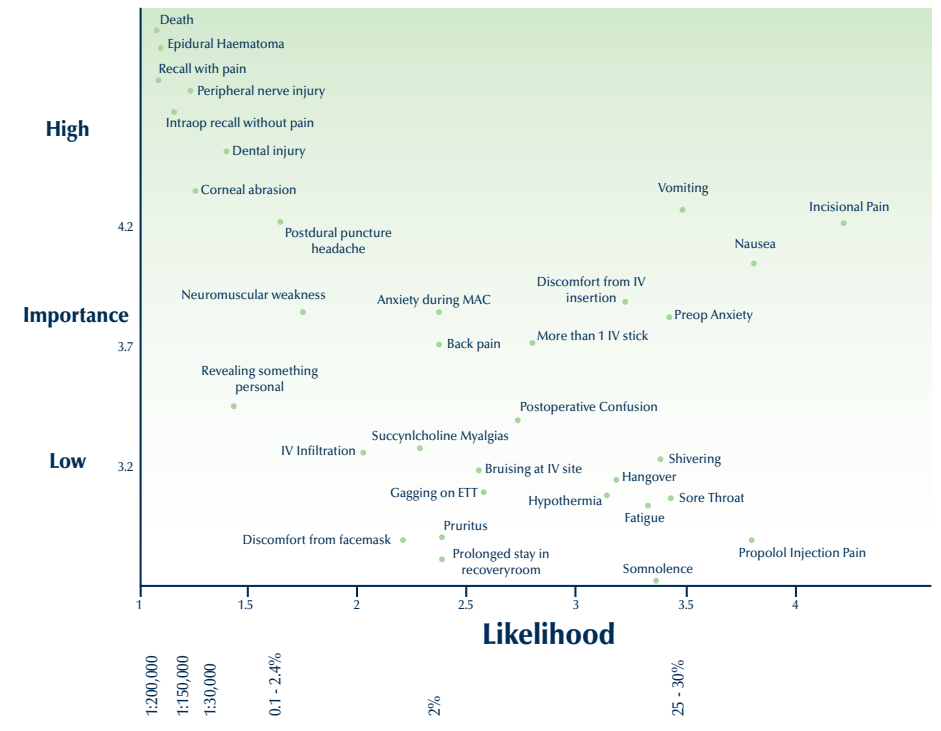
There is also a small risk that anaesthesia and surgery can result in serious damage to the brain, spinal cord and nerves, heart (such as heart attack), lungs, liver, and kidneys. During anaesthesia, drugs are frequently used that temporarily paralyse the muscles to allow the operation to be performed, and occasionally it is possible for a person to recall events during surgery. This is rare, with an incidence of about 1:1000. Unfortunately we cannot reliably measure how deeply anaesthetised someone is.

anaesthetic complications

It is impossible to list every possible complication, but we will try to give you an indication of the level of risk that you face, taking into account your personal health details, and will certainly answer any questions you may have about risks.

The graph below depicts the risks of Anaesthesia

Risk or Consequence



how you can help?

To help provide a safe anaesthetic, please tell the anaesthetist about:

- Any major illnesses and medical problems you have or have had in the past (if you have copies of correspondence or investigations, please bring these with you).
- Any previous operations.
- Any previous problems that you, or your family have had, with anaesthetics.
- Any allergies you have and how they affect you.
- Your use of alcohol, tobacco and “recreational” drugs.
- Any possibility that you may be infected with Hepatitis A, B or C, tropical diseases, HIV virus, flu, colds, herpes or any other infections you have had recently.
- Dentures, loose teeth, artificial caps which could be dislodged or broken during the anaesthetic. Dentures are left in until you are anaesthetised in the operating theatre.
- However, contact lenses are best removed.
- Tongue studs. For safety reasons, these studs must be removed.
- All medications that you take, including the dose and number of tablets per day.
- If there is a chance that you could be pregnant, please inform your admission nurse and anaesthetist.

Fasting before Surgery

If your operation is scheduled for the **morning**, then no food is to be consumed as from 12 midnight the night before the operation. You may have **water only until 6.00am**.

If you are sure that your operation is scheduled for the **afternoon** then you may have a **light breakfast before 7.00am**, and then **water only until 10.00am**.

If you are **unsure** when your operation is scheduled , then assume it is in the morning and have nothing to eat from 12 midnight, and you are allowed **water only until 6.00am**.

Food in the stomach can spill into the lungs when you are anaesthetised and can cause major problems.

medications

Prescribed medications, homeopathic medications and dietary supplements

Prior to Admission

If possible, obtain a printout of all your medications from your GP or pharmacist/chemist to bring into hospital with you. The printout should include the dosage and how often you are taking the medication. This will help the doctors ensure the correct medications are continued for you. Also, bring your medicine in their original bottles and packets as you would receive them from the pharmacy.

Take all your normal prescribed (by your GP or specialist) medications as usual, even if nil by mouth, unless otherwise instructed. Diabetics should obtain specific advice.

Please check with your surgeon or anaesthetist whether you should be stopping any of your regular medications before admission. For example, anticoagulants (blood thinning medication) are often stopped prior to surgery.

Please advise your anaesthetist if you are currently taking any blood thinning medications.

It is important that you stop taking any homeopathic, naturopathic or herbal remedies one week prior to surgery as they may also have unpredictable effects such as excessive bleeding.

If you are a smoker, here is your opportunity to quit. Even abstaining the day before the operation is of some benefit.

During Admission

Notify your anaesthetist or surgeon if you feel unwell with symptoms of a cold or flu, as it may be best to defer the operation.

Please provide your medication printout from your GP or pharmacist to your admission nurse if available.

It is important that you inform the admission nurse of all medication that you are currently taking including

homeopathic, naturopathic or herbal remedies.

It is important that you inform your admission nurse of any allergies you have to food and/or medication.

If you are staying overnight

It is important that you bring all your current medications in their original containers.

For your safety and to prevent error, the medication you bring to hospital will be securely locked in your room by your admission nurse.

Your doctor will prescribe all medications that you require during your stay.

The medication prescribed that also belongs to you will be taken from the locked cupboard in your room by your nurse and documented in the medicine chart each time you take your own medicine.

Sometimes some of your usual medications are discontinued by your anaesthetist for a short period during your stay.

On your discharge

Your own medication will be returned to you by your discharge nurse.

You may receive an additional prescription on discharge, if required for your recovery; this can be filled at your usual local pharmacy.

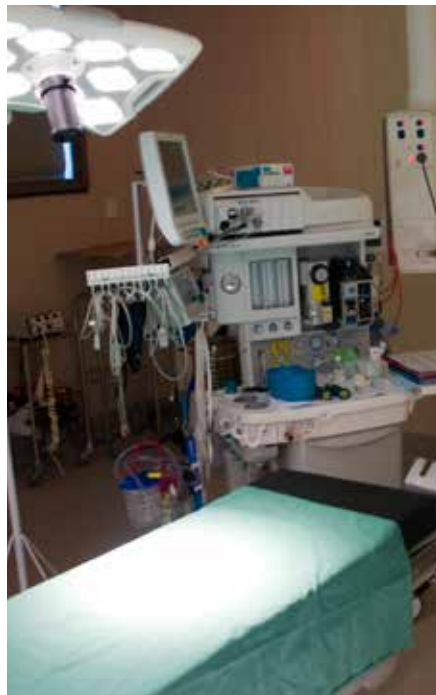
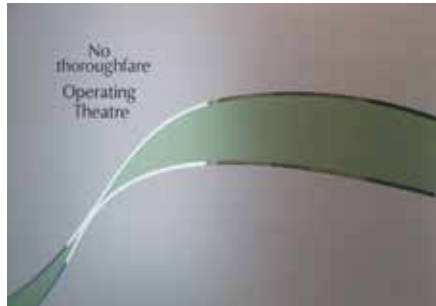
your anaesthetist

Your anaesthetist is a very highly trained doctor.

All of Braemar's anaesthetists have spent six years obtain their medical degree and then a further seven years postgraduate training, with examinations and practical experience before qualifying as a Specialist Anaesthetist.

This experience includes all types of anaesthetic, intensive care, resuscitation and the treatment of pain.

All anaesthetists practise according to accreditation requirements of the NZ Medical Council.



role of the anaesthetist

Before the operation:

Your anaesthetist will aim to see you before the operation. During the visit the anaesthetist may:

- ask questions about your existing and previous illnesses, operations and anaesthetics;
- ask about allergies;
- perform a physical examination;
- arrange additional tests or treatment you may need;
- discuss the anaesthetic options with you.

Please note that if an existing medical condition can be improved, it may be best to defer the operation.

During the operation:

When you arrive in the operating theatre, the anaesthetist, or the anaesthetic assistant, will usually commence an intravenous infusion (drip) and connect you to a series of monitors. Because the drugs used

during anaesthesia can control your ability to breathe, your heart and lower your blood pressure, these monitors may include:

- a pulse oximeter to measure the amount of oxygen in your blood, an ECG to measure the electrical activity of your heart, and a blood pressure monitor;
- for more major surgery, there will be the need for additional monitoring;
- some of these require the insertion of needles into veins and arteries, but the most unpleasant of these is done, if possible, with local anaesthesia, or under the general anaesthesia.

The anaesthetist remains with you during the operation, watching over you, assessing your body's reaction to the anaesthetic and the surgery, and adjusting the anaesthetic accordingly.

After your operation you will spend some time in the recovery unit prior to returning to your room on the ward.

role of the anaesthetist

After the operation:

The anaesthetist will contribute to your post-operative care, in particular:

- your pain relief requirements;
- intravenous fluid requirements, and
- management of any medical conditions you may have.

After Discharge:

Take pain relief as directed by your surgeon or anaesthetist.

A variety of medications are also available over the counter from pharmacies:

- Paracetamol (eg Panadol) is well tolerated and moderately effective. It should be taken regularly until the pain has subsided. Ensure the maximum dose is not exceeded, and that you do not take any other paracetamol containing medications during this time.
- Paracetamol should not be taken by people with alcoholic liver disease or allergy to paracetamol, and only on specific medical

advice if taking the anticonvulsant carbamazepine (eg Tegretol).

- Panadeine (paracetamol plus codeine) is a little stronger than, but causes more nausea, drowsiness and constipation.

Pharmacies also sell various anti-inflammatories including ibuprofen (eg Nurofen) and diclofenac (eg Voltaren).

These work well for post-operative pain and are well tolerated for short periods by healthy people. If you have medical problems or take regular medications read the product information carefully, or discuss with a pharmacist or doctor.

They may cause stomach upsets and should be used with caution or avoided by patients with asthma, diabetes, heart failure, kidney problems, or a history of stomach ulcers. Anti-inflammatories can be taken together with paracetamol or panadeine. If this combination is not strong enough you can contact your surgeon, anaesthetist, general practitioner, or accident and medical centre for help.

Tramadol may be a useful additional medication which can be taken together with any of the above medications but requires a prescription.

Nausea and Vomiting:

This is a distressing but common problem after surgery (about 10% to 40%). It may occur during the car journey home, so it is worth having a suitable bowl or bag.

It is important to keep up normal fluid intake, but food can be delayed for 24 hours. Regular small quantities of water may be most easily tolerated.

If nausea is severe, or vomiting persists, injections can be given by general practitioners or accident and medical centres.

If this does not work your anaesthetist will be able to recommend further treatment.

Following Anaesthesia:

For the 24 hours after the operation having had a general anaesthetic, or for the 16 hours following a narcotic or sedative agent administered, you should not:

- drive or operate machinery or potentially dangerous appliances;
- make any major decisions;
- drink alcoholic beverages;
- be alone without a responsible adult.





contact details



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the
spotlight
on
braemar



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