



Tameside and Glossop
Integrated Care
NHS Foundation Trust

Anaesthesia and pain (Daycase Patient)

Patient information Leaflet

February 2018

INTRODUCTION

Welcome to Tameside Hospital, this leaflet gives basic information to help you prepare for your anaesthetic, so please read it carefully.

If you have any questions, please make a note of them and ask the anaesthetist or anaesthetic nurse.

WHAT IS ANAESTHESIA?

Anaesthesia stops you feeling pain and other sensations. It can be given in a variety of ways and does not always put you to sleep.

Local Anaesthesia involves injections, which numb a small area of your body, where the operation is to be performed, allowing you to stay awake but free from pain.

Regional Anaesthesia also known as a spinal or epidural involves an injection placed close to your spine numbing a larger or deeper area of your body which may include your legs and/or stomach, allowing you to stay awake but free from pain.

General Anaesthesia gives a state of controlled sleep, which is essential for some operations. You are asleep and feel nothing.

Anaesthetists

Anaesthetists are doctors with specialist training who are responsible for:

- Discussing the options available and agreeing a plan, with you for your anaesthetic and pain control.
- Explaining the risks of anaesthesia
- Giving you your anaesthetic and ensuring your wellbeing and safety throughout your surgery.
- Managing any fluid and/or blood transfusions you may need.
- Your care in the Intensive Care Unit (if this is required).

BEFORE COMING INTO HOSPITAL

Here are some things that you can do to prepare yourself for your operation:

If you Smoke, giving up smoking several weeks before the operation can reduce the risk of breathing problems during and after your operation. If you cannot stop smoking completely it is advisable to stop smoking for at least 12 hours prior to your surgery.

If you are very overweight, reducing your weight will reduce the risks of having an anaesthetic.

If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube into your throat to help you breathe.

If you have a long-standing medical problem such as diabetes, or high blood pressure (hypertension), see your GP for a check up.

PRE-ASSESSMENT CLINIC

When you attend pre-assessment clinic, you will be asked some questions about your health and given information relating to your surgery. You will need to bring with you:

- A urine sample,
- The date of your last menstrual period (if applicable),
- A list of current medication including herbal remedies and over the counter preparations.

This appointment should take approximately 45 minutes, but may take longer if additional tests such as bloods, a heart tracing or x-rays are required.

PLEASE NOTE if you do not attend this appointment, your operation will not go ahead as planned.

If you need any further information regarding pre-assessment please contact:
Pre-assessment Reception 0161 922 6796

Please do not wear nail varnish on the day of your procedure.

Also if you are coming in for a joint replacement, please telephone the secretary if you develop any grazes or cuts to the affected limb before your surgery as this may postpone your surgery date.

ON THE DAY OF YOUR OPERATION

Fasting is the time when you should stop eating and drinking prior to your operation. The pre-assessment nurse will give you clear instructions about fasting, which you must follow.

If you are a smoker, you should not smoke on the day of your operation. This will help to avoid breathing problems during your anaesthetic.

If you are taking medicines, you should continue to take them as usual, unless your pre-assessment nurse or a doctor has asked you not to do so. For example if you take drugs such as Warfarin, Aspirin, or Clopidogrel which thin the blood, diabetic tablets, certain blood pressure tablets or herbal remedies, you will need specific instructions.

If you have had a cough or cold recently or feel unwell when you are due to come into hospital, please telephone the ward you are to be admitted to for advice.

MEETING THE ANAESTHETIST

Your anaesthetist will meet you before your operation and will:

- Ask you about your health and discuss which types of anaesthetic can be used.
- Discuss the benefits, risks and your preferences
- Help you to decide which anaesthetic would be best for you or decide for you, if you would prefer.

N.B. Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse any treatment suggested.

The choice of anaesthetic depends on:

- Your operation.
- Your answers to the questions you have been asked
- Your preferences and the reasons for them.
- Your physical condition
- Your anaesthetist's recommendations for you and the reasons for them.
- The equipment, staff and other resources at the hospital.

Pre-medication or pre-med

Are drugs which are sometimes given before an anaesthetic to prepare the body for surgery, aid relaxation, reduce worry or provide pain relief prior to surgery.

Getting ready for theatre

You may be asked to have a bath or shower before putting on a hospital gown. If you are wearing make up, moisturiser or nail varnish, you will be asked to remove this as it prevents dressings and monitoring equipment from sticking to your skin. You should remove any jewellery, to prevent damage to either yourself or the jewellery, if you are unable to do so, tape will be placed around it. If possible you should also empty your bladder before you go to theatre. You will be able to wear glasses, hearing aids and dentures to go to the operating theatre, but these will need to be removed in the anaesthetic room prior to your anaesthetic.

Going to theatre

You will be asked to walk to theatre (unless you have a problem doing so) you will therefore need to bring a dressing gown and slippers into hospital with you. The ward nurse will check your name bracelet and ask you some questions to ensure that you have been correctly prepared for theatre and fully understand what your operation involves. They will then go with you to the theatre.

In theatre

You will meet the theatre nurse who will be looking after you during your operation. They make final safety checks to ensure that you are having the right operation. You will then be taken to the anaesthetic room where you will be prepared for your anaesthetic.

Local anaesthetics

Your anaesthetist will ask you to keep still while the injections are given. You may notice a warm tingling feeling as the anaesthetic begins to work. Your operation will only start when you and your anaesthetist are sure that the area is numb. If you are not being sedated you will remain alert and aware of your surroundings. A screen shields the operation site from view, throughout your surgery. In some cases, you may also be given a general anaesthetic.

Sedation

This is where small amounts of medicine is given to make you sleepy and physically and mentally relaxed during operations performed under local anaesthesia.

General anaesthetics

There are 2 ways of starting a general anaesthetic:

- Anaesthetic drugs may be injected via a thin plastic tube (cannula) into the vein.
- Breathing anaesthetic gases and oxygen through a mask.

You may be given various drugs such as strong pain killers and muscle relaxants, which may affect your breathing. The anaesthetist therefore stays with you and continues to monitor you closely to ensure that you remain well throughout your operation.

AFTER YOUR OPERATION

What will I feel afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Pain relief

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it becomes worse.

Ways of giving pain relief

Oral tablets and medicines: These are used for all types of pain and take at least 20-30 minutes to have some effect.

Injections: Can be given directly into your vein for immediate effect or into your leg or buttock muscle and usually takes 20 minutes to start working.

Suppositories: Are inserted into your back passage, where they dissolve and enter your bloodstream. They will not make you open your bowels and are given when you are asleep with your consent.

Pain assessment

Following your surgery, the effectiveness of your pain relief will be monitored regularly, to ensure that you remain comfortable. You will be asked to rate your pain at rest and movement according to the pain tool below. The answer you give will enable the nurses and doctors to decide how well your pain is being controlled, and whether your pain medication needs to be increased, changed or combined with others. Before you are discharged home, the nurses will ensure that your pain relief is effective.

Pain at rest	Pain on movement
0 = No Pain	0 = No Pain
1 = Some Discomfort	1 = Some Discomfort
2 = Some Pain, not distressing	2 = Some Pain, not distressing
3 = Distressing Pain	3 = Distressing Pain
4 = Unbearable Pain	4 = Unbearable Pain

WHEN YOU GO HOME

When you are discharged home you will be prescribed some pain relieving medication to take with you. The ward nurses will explain how often you need to take them, if you require more you will need to see your GP.

Will I be able to drive?

Under no circumstances should you drive for at least 48 hours following your operation if you had a general anaesthetic or were given sedation.

If however you had your operation performed under a local anaesthetic with no sedation and feel able to drive safely, you may do so.

UNDERSTANDING RISK

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

- How likely it is to happen.
- How serious it could be.
- How it can be treated.

People vary in how they interpret words and numbers.

This scale is provided to help.

1 in 10: Very Common

1 in 10,000: Rare

1 in 100: Common

1 in 100,000: Very Rare

1 in 1000: Uncommon

Side effects and complications

RA – This may occur with Regional Anaesthesia

GA – This may occur with General Anaesthesia

Very common and common side effects and complications

RA GA Feeling sick and vomiting after surgery

GA Sore throat

RA GA Dizziness, blurred vision

RA GA Headache

RA GA Itching

RA GA Aches, pains and backache

RA GA Pain during injection of drugs

RA GA Bruising and soreness

GA Confusion or memory loss

RA GA Bladder Problems

GA Damage to lips or tongue

Uncommon side effects and complications

- GA** Chest infection
- GA** Muscle pains
- RA GA** Slow breathing (depressed respiration)
- GA** Damage to teeth
- RA GA** An existing medical condition getting worse
- GA** Awareness (waking up during your operation)

Rare or very rare complications

- GA** Damage to the eyes
- RA GA** Heart attack or stroke
- RA GA** Serious allergy to the drugs
- RA GA** Nerve damage
- RA GA** Death
- RA GA** Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM?

For advice, telephone the hospital on 0161 922 6000 and ask to be put through to the ward you were staying on or alternatively, you can contact your GP.

SOURCE OF GOOD PRACTICE

In compiling this information leaflet, a number of recognised professional bodies including the Royal College of Anaesthetists have been used.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332.

আপনি যদি এই তথ্য পড়তে বা বুঝতে না পারেন, তাহলে অনুগ্রহ করে এথনিক হেলথ টিমের সাথে টেলিফোনে যোগাযোগ করুন 0161 331 5149/5150 এই নাম্বারে, তখন তারা আপনাকে সাহায্য করতে পারবে।

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