



Tameside and Glossop
Integrated Care
NHS Foundation Trust

Anaesthesia and Pain (Inpatient)

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.

Drugs that cause anaesthesia block the signals which pass along the nerves to your brain. When the drugs wear off, you will start to feel normal sensations again, including pain.

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.

Combining types of anaesthesia

Anaesthetic drugs and types of anaesthesia are often combined to provide pain relief after the operation. For example a regional anaesthetic may be given with a general anaesthetic or sedation.

Anaesthetists

Anaesthetists are doctors who have had:

- Specialist training in anaesthesia,
- Specialised training in the treatment of pain,
- Specialised training in the care of the very ill patients (intensive care),
- Specialised training in emergency care (resuscitation).

They will make major decisions with you, although if you are unconscious or very ill, they will make decisions on your behalf, which are in your best interests.

They are responsible for:

- Your wellbeing and safety throughout your surgery.
- Agreeing a plan with you for your anaesthetic.
- Giving you your anaesthetic.
- Planning your pain control with you.
- Managing any fluid 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 you can do to prepare yourself prior to 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 overweight, reducing your weight will reduce the risks of having a general anaesthetic.

If you have crowns that are not secure or loose or broken teeth, you may want to visit your dentist for treatment. The anaesthetist may need to put a tube into your throat to help you breathe, and if your teeth are not secure, they may be damaged.

If you have a medical condition, such as high blood pressure, chest pain, shortness of breath, diabetes, asthma or epilepsy see your GP for a check up prior to your surgery.

PRE-ASSESSMENT CLINIC

When you attend pre-assessment clinic, a nurse will ask you some questions about your health and you will be 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 Unit

0161 922 6796

Please do not wear nail varnish when you come into hospital. Also if you are coming in for a joint replacement, please let the secretary know if you have any cuts or grazes to the affected limb, as this may delay your surgery.

ON THE DAY OF YOUR OPERATION

Fasting is the time, when you should stop eating and drinking prior your operation. The pre-assessment nurse will give you clear instructions about fasting which you must follow. If there is food or liquid in your stomach during your anaesthetic it could be inhaled and damage your lungs.

If you are taking medicines you should continue to take them as usual, unless the 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

The anaesthetist will make every effort to meet you before your operation, either in the pre-assessment clinic if required or on the ward before your surgery. The anaesthetist will ask questions about your health, discuss which anaesthetic methods may be used, and the benefits and risks involved. They will help you to decide which anaesthetic would best suit you and also answer any questions you may have. They may also need to listen to your chest, examine your neck and jaw movements and look inside your mouth.

The choice of anaesthetic depends on:

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

N.B. Nothing will happen to you until you fully understand and agree with what has been planned for you. Do not be afraid to ask questions. You have the right to refuse any treatment suggested.

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.

Why does the anaesthetist postpone some operations?

Occasionally, your anaesthetist might find something about your general health that could increase the risks of your anaesthetic or operation. The reason for any delay would always be discussed with you at the time.

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 also 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

Most people go to theatre on a bed or trolley, but you may also be asked to walk, you should therefore 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 accompany you to the theatre.

In theatre

You will meet the theatre nurse who will be looking after you during your operation. They will check your name bracelet and ask you some more questions similar to the ones asked on the ward, as a final check that you are having the right operation. You will then be taken to the anaesthetic room where you will be prepared. This involves stickers being placed on your chest to monitor your heart rate, a blood pressure cuff being placed on your arm and a probe being put on your finger to monitor how much oxygen there is in your blood stream.

Setting up a cannula

Your anaesthetist may need to give you drugs into a vein. A needle will be used to put a thin plastic tube (a cannula) into a vein in the back of your hand or arm. This is taped to prevent it from coming out and the needle removed. If it hurts when the anaesthetic drugs are given through your cannula let the anaesthetist know. Once in place the cannula may also be connected to a drip to provide extra fluid and stop you from becoming dehydrated.

Local and regional 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 or regional anaesthesia.

General anaesthetics

There are 2 ways of starting a general anaesthetic:

- Anaesthetic drugs may be injected via a cannula in your hand or arm.
- Breathing in 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 will therefore stay with you and continue to monitor you closely to ensure that you remain well throughout your operation.

AFTER YOUR OPERATION

Back to the ward

Your anaesthetist must be totally satisfied that you have safely recovered from your anaesthetic and your blood pressure, pulse, and breathing rate must be stable before you are returned to the ward.

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.

Most people feel fine after their surgery, however you may experience sickness, dizziness, and a sore throat or have general aches and pains and these will be treated accordingly.

To maintain your safety it is important that you ask for help before you get out of bed especially if you have had a spinal anaesthetic or epidural.

Pain relief

Good pain relief is important, it helps to prevent suffering and it helps you recover more quickly. Here are some points to consider regarding pain relief:

- Some people need more pain relief than others.
- Worry increases the amount of pain felt.
- Medication given for pain relief can be increased, given more often or given in different combinations.

Good pain relief prevents complications, if you can breathe and cough easily after your surgery you are less likely to develop a chest infection. If you can move around freely, you are less likely to develop blood clots in your veins.

Ways of giving pain relief

Oral tablets and medicines are used for all types of pain and take approximately 30 minutes to take effect once swallowed.

Injections are used to treat moderate to severe pain. They can be given directly into your vein for immediate effect, or into your leg or buttock muscle. If given into a muscle it takes approximately 20 minutes to start working.

Suppositories are inserted into your back passage by yourself or the nurse, the drug then dissolves and enters your bloodstream. Suppositories work over a longer period and may be given if you are vomiting or are nil by mouth. They will not make you open your bowels.

Patient Controlled Analgesia (PCA) is a method of pain relief where a machine delivers a pre-set dose of pain medicine into your cannula when you press a button.

Epidural analgesia is a method by which a small tube is placed close to the spinal cord. The tube is then connected to a machine, which continuously gives medicine, to numb the nerves controlling sensation at and around the site of the operation.

Spinal analgesia is where a very thin and long needle is passed close to the spinal cord, through which a single dose of local anaesthetic and pain relieving medication is administered, to numb the nerves at and around the site of the operation. This medication continues to work for a number of hours following surgery. Once the medication has been given the needle is removed.

Nerve block is where local anaesthetic is injected into tissues and nerves in and around the site of operation, to numb them. These drugs continue to work for a number of hours after surgery.

Acute pain team

This hospital has an Acute Pain Team, who will review patients who have undergone major surgery and have returned from theatre with a continuous epidural infusion, as well as review patients on behalf of other consultants with acute pain problems. They will assess your pain, discuss your pain relief with you and advise you on the most appropriate medication to control your pain. They will also answer any questions you may have regarding pain relief.

Pain assessment

Following your surgery, the effectiveness of your pain relief will be monitored regularly, to ensure that you remain free from pain. 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 painkillers need to be increased, changed or combined with others.

Pain at rest

0 = No Pain
1 = Some Discomfort
2 = Some Pain, not distressing
3 = Distressing Pain
4 = Unbearable Pain

Pain on movement

0 = No Pain
1 = Some Discomfort
2 = Some Pain, not distressing
3 = Distressing Pain
4 = Unbearable Pain

UNDERSTANDING RISKS

In modern anaesthesia, serious complications are uncommon. Although 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

The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight
- Surgery which is complicated, long or done in an emergency.

People vary in how they interpret words and numbers. The scale below is provided to help you understand the seriousness of any risks involved.

1 in 10:	Very Common
1 in 100:	Common
1 in 1000:	Uncommon
1 in 10,000:	Rare
1 in 100,000:	Very Rare

Below is a list of some side effects and complications which may occur with Regional Anaesthesia (RA) and General Anaesthesia (GA).

Your anaesthetist will talk in more detail about this during the pre-operative visit.

SIDE EFFECTS AND COMPLICATIONS

Very common and common side effects and complications

- RA GA Feeling sick and vomiting after surgery
- GA Sore throat
- RA GA Dizziness and feeling faint
- RA GA Shivering
- 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
- GA Chest Infection
- RA GA Bladder problems
- GA Muscle pains

Uncommon side effects and complications

- RA GA Slow breathing (depressed respiration)
- GA Damage to lips, tongue or 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 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 5 deaths for every million anaesthetics in the UK.

Please remember that if you have any concerns regarding your anaesthetic or pain relief. Please inform your nurse or doctor who will be happy to contact someone for you.

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.

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