NHS
Royal Papworth Hospital
NHS Foundation Trust

Your anaesthetic for major surgery

A patient's guide

Introduction

This leaflet gives some basic information about your anaesthetic for a major operation; about what will happen before the operation and the different anaesthetic and pain relief options.

The team in the pre-admission clinic and your anaesthetist on the day of your operation can give you more detailed information, tailored to your individual circumstances. Further information about the complications associated with anaesthesia, can be found at www.rcoa.ac.uk/patientinfo

Meeting the anaesthetist

An anaesthetist will see you before your operation. An anaesthetist is a doctor who has had specialist training in anaesthesia and in the treatment of pain. The anaesthetist will talk to you about the type or types of anaesthetic that are suitable for your operation and methods of pain relief. If there are choices available, your anaesthetist will help you choose what is best for you.

An assessment will be made of your individual requirements and the risks associated with having an anaesthetic will be discussed. The anaesthetist will be able to answer questions and discuss any worries that you have.

The operating department ('theatres')

When you arrive in the theatre area, staff will confirm your identity, the operation you are having and any allergies you have. Your anaesthetist, an ODP (operating department practitioner - a person trained to help the anaesthetist) and theatre nurses will be there to look after you. There may also be anaesthetists in training and medical students.

Your anaesthetic

- Machines are connected to you that continuously monitor your heart rate, blood pressure and oxygen levels. Sticky pads on your chest are attached to the heart monitor, and a small peg on your finger or earlobe measures the oxygen level in your blood.

- The anaesthetist will use a needle to insert a cannula (thin plastic tube) into a vein on the back of your hand or forearm. This is used to give you medicines and fluids (a 'drip') during the operation.
- The anaesthetist will insert another cannula into an artery, usually at the wrist. This cannula is called an arterial line. It allows your blood pressure to be measured continuously, and it is also used for further blood tests during the operation.
- If you are having a spinal anaesthetic or an epidural for pain relief, this will usually be done before you have the general anaesthetic.

The anaesthetist will give you oxygen to breathe through a mask, whilst slowly injecting anaesthetic drugs into your cannula. From this point, you will not be aware of anything else until the operation is finished.

While you are anaesthetised, you may also have:

- A breathing tube placed into the trachea (windpipe) through your mouth
- A larger cannula placed into a vein in your neck, or a vein under the collarbone. This is called a central venous line.
- It is used to give fluids, to measure pressures and/or to give medicines to control your blood pressure.
- A tube passed into your bladder (a catheter) which keeps the bladder empty. It is also used to measure the amount of urine that your kidneys produce.
- Depending on the type of operation, your doctors might want you to have a transoesophageal echocardiography (TOE). TOE is a special scan of the heart from a probe that is put down the food pipe or gullet (oesophagus). This is done whilst you are fully asleep.

Risks associated with TOE examination

You may feel minor mouth and throat discomfort when you wake up. There is a small risk of damage to teeth*, particularly if they are loose or capped. Minor bleeding from the mouth is not uncommon but rarely serious.

Some patients suffer gastrointestinal bleeding. The TOE probe may cause perforation or tear of the oesophagus. This is extremely rare (incidence 1 in 2,000 procedures) but may require major surgery if it occurs.

Pain relief

Good pain relief is important. It makes you feel better, helps you to recover more quickly, and may reduce the risk of some complications associated with immobility. You will be given regular pain relief either oral medicine, or into your cannula.

It may be appropriate for you to have one or more of the following forms of pain relief, which your anaesthetist will discuss with you:

Epidural analgesia

Your anaesthetist uses a needle to insert a fine plastic tube between the bones of your back (epidural space). Local anaesthetic is given through this tube during the operation, and for a few days afterwards.

Your chest and abdomen may feel numb whilst the epidural is being used. This is to be expected while the epidural is working and will return to normal when the local anaesthetic wears off.

Paravertebral analgesia

A catheter is inserted in a space between the bones of your back called the paravertebral space. The catheter is connected to a continuous local anaesthetic infusion in order to deliver pain relief.

You might feel some of the same effects as with epidural analgesia such as chest numbness. A reported

complication of these two techniques is nerve damage.

More information about the side-effects and complications of epidurals and paravertebral analgesia can be discussed with your anaesthetist and can also be found at www.rcoa.ac.uk/patientinfo

Patient controlled analgesia (PCA)
This is pain relief that you control yourself. A pump containing a syringe of morphine (or similar) is connected to your cannula.

You are given a handset with a button that activates the pump. When you press the button, a small dose of morphine is given. The pump has safety settings to prevent you getting too much accidentally.

If you have pain, the pain relief can be increased, given more often or given in different combinations. Occasionally pain is a warning sign that all is not well so it is important that you tell the staff looking after you if you are in pain.

What are the risks of an anaesthetic?

- Common complications and side-effects include: feeling sick and vomiting, a sore throat, shivering, itching, soreness at drip sites, minor damage to the lips or tongue, developing a chest infection, and temporary periods of confusion.
- Uncommon complications include: breathing difficulties at the end of the anaesthetic, damage to teeth*, pre-existing medical problems getting worse and awareness during anaesthesia.
- Rare and very rare complications include: damage to the eyes, serious allergy to drugs, and nerve damage. Death caused directly by anaesthesia is extremely rare, and is estimated to occur in 1 in 200,000 anaesthetics in the UK.

***Damage to teeth**
Teeth or dental work such as crowns, bridges or veneers may be broken, chipped, loosened or completely removed by accident. The instruments used to place the tube into the wind pipe may cause damage, especially if placement is difficult.

Anyone undergoing a general anaesthetic is at some risk and your anaesthetist will assess you beforehand by looking in your mouth, asking you to move your neck and asking you about your teeth and any caps, crowns or loose teeth that you may have.

More information
Your anaesthetist or the doctors or nurses looking after you will be happy to answer your questions.

Other written information is available from www.rcoa.ac.uk/patientinfo

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