



Patient Information Leaflet

Information about your anaesthetic

Please read carefully the information provided is meant to enable you to make anaesthetic choices together with your anaesthetist.

Date: August 2017
Review due: August 2020

If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টেলিফোনে ইংরেজি কথা কতে জিজ্ঞাসা করুন এবং সাহায্য করুন

Background

The information in this leaflet is carefully considered and quite detailed. UK law requires that patients are provided with detailed information about all aspects of care relevant to them as individuals, so that they can make well informed decisions about their care; this is necessary to make your consent to treatment valid in a legal sense.

We realise that, due to the amount of information provided, it can be challenging to read and understand; this information is therefore provided well in advance of treatment so that you can consider it in your own time and discuss it with relatives, friends or healthcare staff. Your anaesthetist will be able to help you understand what the best options for you personally will be.

We think that you may wish to be aware in sufficient detail to make a confident decision. You are of course not required to read and understand all the information provided if you don't wish to, but without you may find it more difficult to decide and may not realise all treatment benefits and risks when giving consent.

Introduction

Having an operation can be stressful and confusing. We hope that the information in this booklet will help you better understand the different types of anaesthetic that may be offered to you.

Anaesthesia stops you feeling pain and other unpleasant sensations during surgical treatment. There are several different forms of anaesthesia and not all of them involve making you sleepy or unconscious.

General anaesthesia (GA)

Is a state of unconsciousness in which normally no pain or other unpleasant sensations are felt. You will have no memory of what happens while you are under general anaesthesia. Some operations can only be carried out in this way, e.g. abdominal (tummy) operations.

For a GA anaesthetic drugs are injected, or anaesthetic gases are given for you to breathe. These drugs stop the brain from responding to unpleasant or painful sensations.

Some advantages of GA are:

- Convenience of being unconscious during surgery.
- Usually not painful or unpleasant to receive.

Some disadvantages are:

- Somewhat higher risk of sickness and vomiting.
- Requirement to be ventilated and have your airway protected.
- Being exposed to a variety of anaesthetic drugs, with potential side effects and interactions.
- Risk of pain on waking up and a need for strong pain killers.
- Drowsiness and/or confusion for some time after the operation.
- GA is not the best option for some operations.
- Some people do not like to be unconscious during treatment.
- Very low but existing risk of awareness (you may hear/feel/see events during your operation or remember them afterwards).

Regional anaesthesia (RA)

This is when local anaesthetic is injected near major nerves. The area of the body affected becomes numb and you can tolerate surgery without being unconscious.

The most common forms are Spinal and Epidural anaesthesia where local anaesthetic is injected close to nerves in the spine. Spinal or Epidural anaesthesia is effective for operations on the lower body, such as Caesarean section, bladder operations, or replacing a hip or knee.

Other forms of RA involve an injection around nerves in an arm or leg, called a 'nerve or nerve plexus block'. Nerve blocks are also useful for pain relief after the operation, as the area will stay numb for a number of hours.

For more information, see the leaflet on nerve blocks for shoulder-, arm- or hand-operations (www.rcoa.ac.uk/document-store/nerve-blocks-surgery-the-shoulder-arm-or-hand).

Some advantages of RA include:

- Staying awake and breathing on your own.
- Maintaining your natural airway reflexes.
- Lower risk of sickness and vomiting.
- Being exposed to fewer different anaesthetic drugs.
- Less or no drowsiness/confusion and quicker recovery of full consciousness after surgery.
- Often better pain control after surgery with lower doses or lower strength pain killers.

Some disadvantages are:

- Numbness and weakness of limbs delaying you from getting up and walking/using your arm/hand for several hours after surgery
- Sometimes a temporary bladder catheter is required for a few hours.
- Injection around nerves or into the spine can be unpleasant.
- Sometimes there is failure to achieve good numbness in the desired region. A GA maybe required if this happens.
- Rare risks of nerve damage, which can lead persisting numbness, weakness, pain, paralysis and/or incontinence.

Single nerve blocks can have a numbing effect for 1–6 hours; the effect can be extended by using small catheters and a pump e.g. epidural catheter. This way, a numbing and pain relieving effect can be extended for 48–72 hours after your operation.

Prolonging the effect via use of catheters has some disadvantages such as reducing your ability to move around while having one, as well as catheter displacement and infection risks.

Local anaesthesia (LA)

A local anaesthetic numbs a small part of the body. You stay conscious, but free from pain. Common examples of surgery under local anaesthetic are dental and eye operations. This form of anaesthetic is often performed by your surgeon without an anaesthetist present.

Sedation

Sedation is given to make you feel relaxed, calmer and a little drowsy, but usually awake enough to talk. It is normally given through a drip, or sometimes as anaesthetic gas to breathe in.

Sedation can be **Light** (meaning you are relaxed but awake) or **Deep** (meaning you are more likely to be sleepy) and is usually combined with forms of regional or local anaesthesia.

There will always be an anaesthetist present to look after you. A monitor will be attached to watch your heart rate and blood pressure. Sedation may affect your memory temporarily and some people do not remember anything about their procedure.

Combining different forms of anaesthesia

It can be useful to combine different forms of anaesthesia (e.g. LA and GA or RA and sedation). Your anaesthetist will discuss the different benefits and risks or disadvantages of the various options suitable for your operation.

Monitoring

While you are anaesthetised or sedated your anaesthetist will keep a careful eye on important body functions with help of various devices. Examples are blood pressure cuff, oxygen saturation clip and ECG stickers and wires.

Sometimes, more intensive monitoring is required; the devices used for this can rarely cause complications, such as infections or injuries. Examples are central vein catheters, ultrasound monitoring of the heart, stomach tubes, artery cannulation, bladder catheters and electrical nerve stimulation.

Your consent

In order to treat we need your formal consent to do so, and we usually ask to give this in writing, by signing a form. You will be asked to give consent separately to the surgery and to the anaesthetic.

To be able to give well informed consent you should understand the different options available to you, with their advantages, disadvantages and risks of complications. This leaflet should help you to understand this better and give you time before your operation to consider.

Your anaesthetist will try and understand things from your perspective so he or she can best advise as to which type of anaesthetic would be best for you.

However, please note that the amount of time that you will have with your anaesthetist on the day of surgery will be limited. A long and detailed discussion is usually not possible on that occasion. If you feel that you need more time to understand and consider the options, or ask a number of questions that are important to you we recommend that you to book a separate appointment with an anaesthetist well before your planned operation, by contacting 552210 on weekdays between 10AM to 4PM.

Side effects, risks and complications of anaesthesia

Modern anaesthesia is very safe. Sophisticated operations can be offered with a high degree of comfort and safety. All anaesthetists are fully trained doctors with experience in how to minimise problems during operations and how to solve complications that may arise.

However, there are always risks associated with having an operation and these should be weighed up against the likely benefits. Your anaesthetist will explain the risks and benefits and decide with you which anaesthetic option is the best for your situation.

Thinking about risk

We accept risks all the time often without thinking about it. The risk of a particular operation, to you as an individual, depends on:

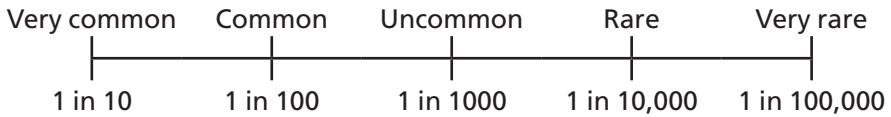
- whether you have any other medical problems, especially serious or poorly controlled illness.
- personal factors such as smoking, recreational drug or alcohol use or extremes of body weight
- whether the operation is complicated or lengthy
- whether the operation is done as an emergency.

To understand the risk fully you need to know:

- how likely it is to happen;
- how serious it could be; and
- how it can be treated if it happens.

The anaesthetist can also advise you whether there are any anaesthetic techniques that will reduce those risks.

People vary in how they interpret words and numbers. This scale is provided to help.



Side effects and complications

RA = This may occur with a regional anaesthetic or local anaesthetic.

GA = This may occur with a general anaesthetic.

Very common and common side effects

RA GA Feeling sick and vomiting after surgery.

GA Constipation after surgery.

GA Sore throat.

RA GA Dizziness, blurred vision.

RA GA Headaches.

RA GA Itching.

RA GA Aches, pains and backache.

RA GA Pain during injection of drugs.

RA GA Bruising and soreness.

GA Confusion, memory loss or worsening of existing dementia.

RA GA Pain after surgery.

RA Failure of RA.

RA GA chest infection after the operation.
(particularly if you have Asthma, COPD or other serious lung disease)

- GA unexpected pregnancy.
(e.g. failure of oral contraceptive pill)
- RA GA Bleeding, infection or misplacement of
indwelling monitoring devices.

Uncommon side effects and complications

- GA Infection of wounds from anaesthetic
infusions, injections, monitoring or bruises.
- RA GA Bladder problems, bladder infection, kidney
infection.
- GA Muscle pains.
- RA GA Slow breathing (depressed respiration).
- GA Injuries of teeth/dentures, gum, lips or
tongue.
- GA Aspiration of stomach content into lungs.
- RA GA An existing medical condition getting worse.
- GA Awareness (becoming conscious during your
operation).
(happens in approximately 1 in 20,000)
- RA GA Temporary organ failure.
(chest, heart, kidney) requiring treatment on
an Intensive Care Unit
- RA Accidental injection of local anaesthetic into
blood vessels.
- RA GA Deep vein thrombosis; pulmonary embolism.
- RA GA Bladder catheter: Injury of urethra/bladder
or other abdominal organs.

Rare or very rare complications

	GA	Damage to the eyes, reduced vision
RA	GA	Serious allergy to drugs
RA	GA	Nerve damage which can lead to persisting numbness, weakness, paralysis, incontinence
	GA	Malignant Hyperthermia (life threatening increase in body temperature, affecting other organs; a genetic disorder)
RA	GA	Pneumothorax (collapse of a lung, requiring a chest drain to be sited between the ribs)
RA		Generalised seizure
RA		Meningitis or abscess in the spine/spinal cord
RA	GA	Death
RA	GA	Equipment failure
RA	GA	Rare injuries from monitoring equipment, such as skin burns or pressure-induced bruises

This is not a fully comprehensive list of all possible complications.

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are probably about five deaths for every million anaesthetics in the UK.

We usually recommend that children under one year of age avoid general anaesthesia, if at all possible. The reason for this is outcome from research that seem to show that a GA at this young age may adversely affect brain development for some time.

Questions you may like to ask your anaesthetist

- Q Who will give my anaesthetic?
- Q Do I have to have a general anaesthetic?
- Q What type of anaesthetic do you recommend?
- Q How often have you done this type of anaesthetic?
- Q Is there a recommended standard technique for this operation/my condition?
- Q What are the risks of this type of anaesthetic?
- Q Do I have any particular risks, given my medical background, or lifestyle?
- Q How will I feel afterwards?
- Q When will I be able to go home/drive/go back to work after this anaesthetic?
- Q What pain killers may I have to take afterwards?

We value your feedback

Please let us know your views about this form, so we can continue to improve it.

You may want to consider filling this out **after** you had your operation and anaesthetic so that you can rely on your experience of having gone through the entire treatment pathway.

1. I found the content of this leaflet easy to understand
Fully agree agree somewhat disagree somewhat strongly disagree
2. The amount of in the leaflet information was...
too much about right not enough
3. This leaflet was helpful to understand anaesthetic options available to me
Fully agree agree somewhat disagree somewhat strongly disagree
4. This leaflet was helpful to understand potential risks and complications as well as advantages/disadvantages of anaesthetic options
Fully agree agree somewhat disagree somewhat strongly disagree
5. This leaflet helped me to be involved in making decisions about my treatment
Fully agree agree somewhat disagree somewhat strongly disagree

Only in case you requested an anaesthetic appointment:

6. I found book an appointment before I had my operation...
Easy & straightforward somewhat difficult very difficult
7. I found this appointment useful and helpful
Fully agree agree somewhat disagree somewhat strongly disagree

Please let us know what you think and whether and how we can further improve the process.

Please hand this questionnaire to a member of staff or forward to the Anaesthetic Department, St. Mary's Hospital, Parkhurst Road, Newport Isle of Wight, PO30 5TG or email to anaesthetics@iow.nhs.uk

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If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.