

Procedure Information Sheet - General Anaesthesia

Introduction

- General Anaesthesia is a carefully monitored state of drug-induced, reversible unconsciousness. Thus you will not be aware of the operative procedure while it is taking place. General Anaesthesia is achieved by giving intravenous anaesthetic drugs, anaesthetic gases or a combination of both. After stopping the anaesthetic at the end of your operation, your consciousness will return shortly.
- Your anaesthesia will be provided by your anaesthetist. Anaesthetists are medical doctors who are trained and specialized in providing anaesthesia. During anaesthesia, you are carefully monitored, controlled and treated by your anaesthetist, who uses sophisticated equipment to track all your major bodily functions. The duration and level of anaesthesia is calculated and constantly adjusted as needed, to ensure a smooth and uneventful surgery. Your anaesthetist will stay with you all the time during your anaesthesia and ensure your safety during operation.

Possible risks and complications

- The risks are different for every individual patient, depending on multiple factors such as the type of surgery and pre-existing medical conditions. Your anaesthetist normally discusses with you the special risks which are relevant to your condition or the operation you are having. Normally he/she informs you of the most common risks in your particular situation, and also the most dangerous ones although these may be rare. It may be impossible for them to explain or foresee every possible risk for each patient.
- In general, modern anaesthesia is safe and risk of death directly associated with General Anaesthesia is very small. The side effects and complications are associated with General Anaesthesia can be divided into very common, common, uncommon, and rare or very rare*

Very common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1,000	1 in 10,000	1 in 100,000

A. Very common and common side effects (usually self limiting)

- Nausea and vomiting
- Sore throat
- Dizziness, blurred vision
- Aches, pain and backache

- Pain during injection of drugs
- Headache
- Itching
- Bruising and soreness
- Short term confusion or memory loss

B. Uncommon side effects and complications

- Aspiration of stomach contents / other matter into the lungs
- Depressed breathing
- Failure to intubate
- Awareness: being awake during the surgery in certain high risk patients
- Stroke
- Heart attack

C. Rare or very rare complications

- Damage to eyes, loss of vision
- Serious allergy to drugs
- Nerve damage
- Complications of invasive line insertion
- Death (0.61 per 10,000 anaesthetics in Hospital Authority between 2003-2005)

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

Frequently Asked Questions

1. What about food and drink before my procedure?

- As a general rule, you should not eat or drink anything for at least 6 hours before your surgery.

2. Should I continue with my usual medication and health supplement before my procedure?

- You may be taking long term drugs for chronic medical conditions such as heart disease, diabetes or hypertension. Please alert the nursing staff, doctor and your anaesthetist to the type and dose of medication you are taking. Your doctor then makes his/her decision. In any case, you should bring enough of your medication with you for the expected duration of your stay.
- There is increasing research shows that some herbal or health supplements may affect blood clotting, blood pressure as well as the duration of anaesthetic drugs.

3. Should I stop smoking before my procedure?

- Smokers may experience include large amounts of phlegm and potentially pneumonia. This is due to the decreased ability of smokers lungs to clear secretions after anaesthesia and may be worsened by factors such as wound pain etc.
- If you are a long term smoker you will have damaged lungs even if you do not have any symptoms. The damage to your lungs will be made more obvious in the immediate post-operative period, depending on the type of surgery you have and also following the General Anaesthesia.
- Ideally you should use your surgery as an opportunity to quit smoking completely. But if you do not choose this option, it is best if you can cut down or stop smoking for the 2 weeks prior to your surgery. This will give your lungs a chance to reverse some of the non-permanent damage that it might have.

4. Does General Anaesthesia make me forgetful or less intelligent afterwards?

- If your anaesthetic was smooth and uneventful, you should have the same mental ability as you did before the surgery. The most likely causes of forgetfulness or decrease in mental ability may occur if you suffered abnormally low blood pressure, severe blood loss or if you had episodes of inadequate oxygenation during the operation. But these situations are uncommon.

5. I have sore throat and muscle pain after my General Anaesthesia. Why is this?

- Endotracheal intubation (i.e. the insertion of a plastic breathing tube into the windpipe) can commonly cause minor damage to the vocal cords. It will get

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better after several days with symptomatic treatment. However if your symptoms do not improve after about a week, it may be necessary to be seen by a throat specialist to rule out other causes.

- The problem of postoperative myalgia or muscle pain usually are caused by the use of a certain muscle relaxant called succinylcholine, other factors such as positioning may also cause this problem. This condition is harmless and can be treated with symptomatic relief and will go away by itself usually in 2-3 days after surgery.

6. Is it normal for the site where my IV was to be swollen and red after procedure?

- The usual cause of this is phlebitis or inflammation of the vein. Most anaesthetic drugs are very strong and can cause irritation in the walls of the vein through which it is injected. If your condition continues for more than 3 days after surgery, you should see your doctor or surgeon about it as there may be a secondary infection.

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____