

General Anaesthesia for Adults: What should you know?

Introduction

This leaflet aims to provide you with basic information about the general anaesthesia that you are going to receive. If you have any questions about your anaesthesia that are not covered in this leaflet, please discuss with your anaesthetist who will be willing to answer your questions.

What is general anaesthesia?

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. Your consciousness will return shortly after stopping the anaesthetic at the end of your operation.

Who is responsible for your anaesthesia?

Your anaesthesia will be provided by your anaesthetist. Anaesthetists are medical doctors who are trained and specialized in providing anaesthesia. Your anaesthetist will stay with you all the time during your anaesthesia and ensure your safety during the operation.

Pre-anaesthetic assessment

You will usually be seen by an anaesthetist before your operation. Your anaesthetist may do the following things in the assessment:

- Ask about your medical, surgical, anaesthetic, allergy and drug history
- Ask about your smoking or drinking habits
- Perform a physical examination
- Review your investigation results and order further investigations if needed
- Discuss the plan for your anaesthesia and explain the risks and benefits
- Suggest pre-anaesthetic preparations
- Obtain consent for anaesthesia from you

Things that you should do to improve safety before your anaesthesia

- Stop smoking for as long as possible
- Stop any herbal medicine for at least two weeks before your operation
- See a dentist for treatment if you have any loose teeth or crowns
- Stop or commence certain types of medication according to the advice of your anaesthetist

Fasting before operation

- In order to prevent aspiration of food or liquid into your lungs during anaesthesia, you should not eat for at least 6 hours before your operation: known as 'fasting'. Fasting usually starts from midnight if you are scheduled to have your operation the following morning or from 7 a.m. if you are scheduled to have your operation in the afternoon of that day. The hospital will give you clear instructions about fasting and you should follow them. You can safely drink water until 2 hours before the operation.
- If you have an emergency operation, a special anaesthetic technique will be used to reduce the risk of aspiration

Your usual medications

Your anaesthetist will advise you on which medications you should or should not take on the day of your operation. You should follow these instructions. You are allowed to take your medications with a mouthful of water while you are fasting.

Examples of medication that will often be stopped before your operation:

- Oral medications for diabetes
- Anticoagulants: medications used to 'thin' your blood to prevent clotting, for example, warfarin, clopidogrel

What should you do if you feel unwell on the day of operation?

Please inform the hospital if you feel unwell on the day of your operation. In order to reduce unnecessary risks, your operation may need to be postponed until you feel better.

On the day of operation

- In the operating theatre, your anaesthetist, surgeon and operation nursing staff will check your identity, the type of operation, the site of operation and the type of anaesthesia before the procedure. This is to ensure that you are the right patient and

your planned surgery and anaesthesia are correct; we call this final verification process as 'time out'

- Various monitors will be attached to you. The complexity of the monitoring depends on your medical condition and the type of operation. Sometimes invasive monitoring like placing a plastic catheter/tubing into one of your large veins or arteries may be needed
- Your anaesthetist will insert a plastic catheter/tubing into your vein. Through this your anaesthetist will inject medications including anaesthetic drugs.
- As a part of your anaesthetic, the anaesthetist may have to control your airway and breathing. He/she may need to insert a plastic tube (called an endotracheal tube) through your mouth into your windpipe, or other alternative equipment to maintain the patency of your airway and to ensure adequate breathing.
- Your anaesthetist/s will stay with you at all times to give you anaesthesia, analgesia, monitor your vital signs, give you treatment as necessary and ensure your safety
- As soon as the operation is finished, the anaesthetic drugs will be stopped and you will regain consciousness
- Depending on the clinical condition, some patients may need to be kept asleep and ventilated with the help of a machine after the operation; for example, after some major operations

Pain relief

You will be given pain relieving drugs (analgesics) during your operation and when necessary in the recovery room. The anaesthetist will discuss with you during the pre-anaesthetic assessment when special types of pain relieving methods are considered.

Examples of special pain management:

- Local anaesthetic and regional blocks
- Epidural analgesia
- Patient controlled analgesia

Is there any risk in general anaesthesia?

In general, modern anaesthesia is safe and the risk of death directly associated with general anaesthesia itself is very small. The surgical procedure may incur certain risks and these should be discussed with you by the surgeon. The side effects and complications associated with general anaesthesia can be divided into those that are

very common, common, uncommon, and rare or very rare*.

* Reference of occurrence rate

Very common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000

Very common and common side effects

- Nausea and vomiting
- Sore throat
- Dizziness, blurred vision
- Aches, pain and backache
- Pain during injection of drugs
- Headache
- Itching
- Short term confusion or memory loss

Uncommon side effects and complications

- Aspiration of stomach contents / other matter into the lungs
- Depressed breathing
- Failure to intubate
- Dental injury

Rare or very rare complications

- Damage to eyes
- Serious allergy to drugs
- Heart attack
- Death (0.61 per 10,000 anaesthetics in the Hospital Authority between 2003-2005)
- Nerve damage
- Complications of invasive line insertion
- Stroke
- Awareness: being awake during the surgery in certain high risk patients

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your anaesthetist.

Complications may sometimes occur despite all precautions. However, if they do occur, your anaesthetist will take appropriate steps to manage them.