



Royal Orthopaedic Hospital NHS Foundation Trust Patient Information

Anaesthetics Explained

Welcome to the Royal Orthopaedic Hospital (ROH).
For further information please visit www.roh.nhs.uk

The Anaesthetist and the Team

Anaesthetists, surgeons and theatre staff work together as a team.

Anaesthetists are doctors with specialist training in anaesthesia, the treatment of pain, the perioperative care of patients with medical conditions and resuscitation. Your anaesthetist is responsible for:

- Your wellbeing and safety throughout your surgery
- Agreeing a plan with you for your anaesthetic
- Giving your anaesthetic
- Planning your pain control and managing any transfusion you may need
- Your initial recovery after surgery either on the ward or on the High Dependency Unit (HDU)

Physicians' assistant (anaesthesia) or PA(A) are healthcare professionals trained to maintain anaesthesia under supervision of a consultant anaesthetist.

The **Operating department staff** prepare and maintain equipment, help the anaesthetist and take part in your care.

Recovery room staff are trained to care for you after surgery until you are ready to go back to the ward or High Dependency Unit.

Before you come into hospital

You can prepare yourself for your operation to reduce the likelihood of difficulties with the anaesthetic.

- If you smoke, consider cutting down or giving up beforehand for as long as possible. Smoking reduces the amount of oxygen in your blood and increases the risk of breathing problems. Your GP practice will be able to give you advice
- If you are very overweight some risks of having an anaesthetic are increased. Reducing your weight will help. Please ask your GP for advice
- If you have loose, broken teeth or crowns that are not secure visit your dentist for treatment
- If you have a long-term medical problem such as diabetes, asthma, bronchitis, thyroid problems, heart problems, high blood pressure you may want to ensure with your GP that you are receiving the best possible treatment.

Health check before your anaesthetic

Before your anaesthetic we need to know about your general health. You will fill in a questionnaire and may be asked to go to a pre-assessment clinic. If you need blood tests, an ECG (electro-cardiogram), an X-ray or other tests, we will arrange these for you. You will receive a leaflet about the different types of anaesthetic that may be offered to you.

The anaesthetist or the Physicians' assistant will meet you before your operation on the day of surgery and talk to you about which kind of anaesthetic is suitable for you. Your medical history and wishes will be considered and you will agree together the right anaesthetic for you.

Often this is a combination treatment and it may include:

- Sedation
- General anaesthesia
- Regional anaesthesia such as spinal-, epidural anaesthetic or a nerve block

You will have the opportunity to discuss any remaining questions you might have.

On the day of your operation

Fasting Instructions

Please check your admission letter and note the **admission date** and **admission time**.

Please read the fasting instructions carefully.

- You can drink plain water up to 1 hour before your **admission time**
- Drinking enough water will help your wound heal and will reduce your risk of pressure ulcers and blood clots.
- You must not have any food, boiled sweets, chewing gum, mints, tea, coffee, milk, fizzy drinks or juices for 5 hours before your **admission time**.

It is essential that eating and drinking guidelines are followed in order for your treatment to be carried out safely.

Following these instructions will ensure that your stomach is empty during your anaesthetic so no food or liquid can come up into the back of your throat and damage your lungs.

Please note: Failure to follow these instructions could result in your surgery/procedure being cancelled. **If you are unsure of the instructions please contact 0121 685 4035**

Even if you are not having a general anaesthetic, please follow the instructions given to you. Sometimes a general anaesthetic may be needed unexpectedly, and you need to be prepared.

Your usual medicines

Please continue your usual medicines, including inhalers unless your have had clear

instructions to stop any of your medicines. You can take your tablets with a small amount of clear water up to two hours before your surgery.

If you feel unwell

Please inform the pre assessment clinic or the Admission Unit in our hospital. Depending on the illness and how urgent the surgery is, your operation may need to be postponed until you are better.

The Admission Day Case Unit (ADCU) and the theatre complex

On the day of surgery you will be admitted to our admission unit (ADCU). Nurses will help you to prepare for surgery. This includes some final checks and changing into a theatre gown. When it is time for your operation, a member of staff will go with you to the theatre complex into the anaesthetic room. Theatre staff will do a final check of your identification bracelet, name, date of birth and your consent for the operation. You will lie down on a theatre trolley and we will use simple monitors to measure your heart rate using sticky patches we place on your chest, your blood pressure using a cuff on your arm and your oxygen level in your blood using a probe placed on your finger. The anaesthetist will use a needle to put a thin plastic tube (a cannula) into your vein. This is needed to give you drugs and fluid into a vein. You will then receive the anaesthetic that you have discussed with your anaesthetist.

After the operation

You will be taken to the recovery room or if it has been agreed to the High Dependency Unit (HDU). There will be other patients recovering from their operation. A nurse will look after you. Your heart rate, blood pressure and oxygen level will be monitored. We will give you oxygen through a light plastic facemask. The nurse will treat any pain or sickness you might have. If necessary the nurse will seek advice from medical staff. Once you have recovered safely from the anaesthetic you will be taken back to the ward or sometimes to the HDU.

Pain relief

Good pain relief is important and some people need more pain relief medicines than others. Here are some ways of giving pain relief:

- **Patient controlled analgesia (PCA)**
This is a method using a machine that allows you to control your pain relief yourself. Small doses are given into a vein for immediate effect.
- **Pills, tablets or liquids to swallow**
These take at least half an hour to work and you need to be able to eat and drink and not feel sick for these drugs to work.
- **Nerve blocks and epidurals**
These can give effective pain relief for hours or days after the operation and are explained in a different information leaflet.

Useful organisations

Association of Anaesthetists of Great Britain and Ireland

21 Portland Place

London WC1B 1PY

Phone: +44 207 631 1650

Email: info@aagbi.org

Website: www.aagbi.org/

This organisation works to promote the development of anaesthesia and the welfare of anaesthetists and their patients in Great Britain.

Royal College of Anaesthetists

Churchill House

35 Red Lion Square

London, WC1R 4SG

Phone: + 44 20 7092 1500

Email: info@rcoa.ac.uk

Website: www.rcoa.ac.uk

This organisation is responsible for standards in anaesthesia, critical care and pain management throughout the UK.

Further information

<https://www.rcoa.ac.uk/node/3324>

<http://www.aagbi.org/news/information-public/information-about-anaesthesia-adults>

<http://www.rcoa.ac.uk/document-store/risks-associated-your-anaesthetic-complete-series-2013>

Bibliography

Patient information leaflets – complete series 2014.

"This publication includes text taken from The Royal College of Anaesthetists' (RCoA) leaflet '**Patient information leaflets – complete series 2014**' but the RCoA has not reviewed this as a whole".

Any Questions?

Weekdays 8.30am-4.00pm

Contact POAC on 0121 685 4035

Out of hours

Contact the switchboard on 0121 685 4000

and ask for the Oncall Bleep Holder.