



Royal Orthopaedic Hospital NHS Foundation Trust Patient Information

Your Anaesthetic

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

Your Anaesthetic at the Royal Orthopaedic Hospital

The Consultant Anaesthetist, Anaesthetic Registrar, Anaesthetic Speciality doctor or Physicians' assistant will meet you before your operation on the day of surgery. They will discuss the anaesthetic suitable for you. Your medical history and wishes will be taken into consideration in agreeing the best anaesthetic for you. This may include a combination of treatments:

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

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

General Anaesthetic

A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing. You will receive:

- Anaesthetic drugs (an injection into the cannula placed in your vein or a gas to breathe)
- Strong pain relief drugs (morphine or something similar)
- Oxygen to breathe
- Sometimes, a drug to relax your muscles

At the end of your surgery the anaesthetic drugs wear off and your consciousness gradually returns. A general anaesthetic alone does not provide pain relief after the operation. You will need strong pain relieving medicines, which can make some people feel drowsy and nauseous.

Sedation

Sedation is different from a general anaesthetic. It is achieved by injecting small increments of a sedative drug into the cannula we place in your vein. It makes you relaxed and sleepy during the operation, but you are not unconscious. Sedation can either be light or deep, depending on your preferences. Light sedation means you are relaxed but awake. Deep sedation means you are more likely to be asleep and less likely to recall what happened during the operation.

Regional anaesthetic (RA)

For some types of surgery it is not necessary to have a general anaesthetic and you can have your surgery under regional anaesthesia and sedation. Local anaesthetic is injected near to nerves and the part of your body that you will be operated on will go numb. This enables the surgeon to perform the operation. You remain conscious but with sedation you will feel relaxed or even sleepy during the operation. You will feel movements but no pain. You cannot see the operation, as there are screens between you and the surgical field. There is always an anaesthetist or assistant with you if you have any questions.

You may bring your CD player or I-pod and listen to music. If you wish you can have more sedation to feel sleepy.

Different types of regional anaesthesia:

- spinal anaesthetic
- epidural anaesthetic
- nerve block

Epidural anaesthetic

We will numb the skin over your lower back. For an epidural anaesthetic we inject local anaesthetic into the epidural space that surrounds your spinal cord (see picture). The local anaesthetic will anaesthetise the nerves leaving the spinal cord and you feel numb from the waist downwards. A thin plastic tube (epidural catheter) may be placed in the epidural space for 36-72 hours.

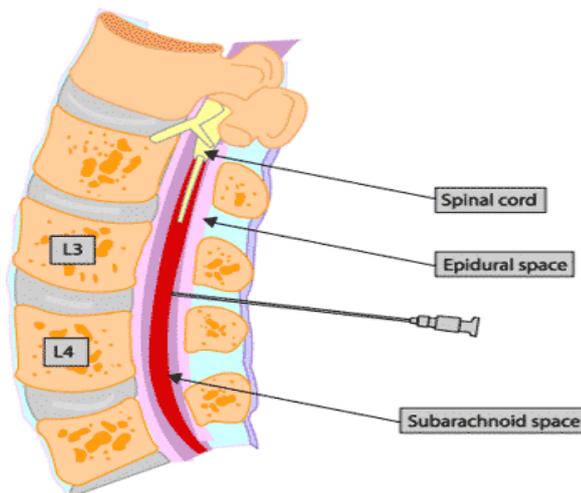
It is connected to a local anaesthetic infusion for pain relief to continue after your surgery.

Spinal anaesthetic

We will numb the skin over your lower back. For a spinal anaesthetic we inject local anaesthetic into the fluid around the spinal cord and nerves (see picture). The local anaesthetic will anaesthetize the nerves leaving the spinal cord and you feel numb from the waist downwards.

Nerve Block

Depending upon the site of surgery we will give you an injection on your arm or leg above the level of the planned surgery. We know where to inject the local anaesthetic with the help of an ultrasound machine and/or a very small electrical current that passes through the needle. We inject local anaesthetic around the nerves. This causes the appropriate area to go temporarily numb. It also ensures good pain relief after your surgery.



AnaesthesiaUK

Anaesthetic Risks

Modern equipment, techniques, training and drugs have made anaesthesia a safe procedure.

The risk of serious complications is very low. It cannot be removed completely but our anaesthetic team takes all precautions to reduce any risks mentioned in this leaflet.

The following scale is to help you understand how likely it is that a side effect or complication might occur:

Very common	1 in 10	someone in a family
Common	1 in 100	someone in a street
Uncommon	1 in 1,000	someone in a village
Rare	1 in 10,000	someone in a small town
Very rare	1 in 1,000,000	someone in a large town

Common and very common side effects or complications

- Sickness – treated with anti-sickness drugs
- Sore throat or bruising to lips or tongue – treated with pain relief drugs
- Drowsiness, headache, shivering, blurred vision – may be treated with fluids or drugs
- Difficult breathing at first – this usually improves rapidly
- Confusion and memory loss are common in older people, but are usually temporary.
- Pain around injections sites, general aches and pains
- You may have difficulty passing water. Sometimes you will require a catheter (a soft plastic tube in your bladder) for a short period of time to drain the urine.

Specific to regional anaesthesia

Following a spinal or epidural anaesthetic you will not be able to move your legs or following a nerve block the limb that has been numbed for the duration of the local anaesthetic action.

- A sensation of pins and needles in the anaesthetized limb (s)
- Occasionally regional anaesthesia is not fully effective and we will offer you alternative options for anaesthesia or pain relief
- Prolonged numbness or weakness. This recovers fully in 99%

Following spinal or epidural anaesthetic:

- Your blood pressure may drop. This can make you feel faint or sick. It is treated with fluids through your drip and drugs to raise your blood pressure.
- You may have difficulty passing water. Sometimes you will require a catheter (a soft plastic tube in your bladder) for a short period of time to drain the urine.
- Headaches – mostly get better with simple pain relieving drugs. If your headache gets worse on sitting or standing and improves if you lie down please inform your nurse or GP. You might need to be assessed by an anaesthetist.

Uncommon side effects or complications

- Heart attack or stroke
- Damage to teeth
- Chest infection
- Awareness (becoming conscious during a general anaesthetic)

Rare or very rare side effects or complications

- Serious allergic reactions to drugs
- Damage to nerves
- Damage to eyes as a result of pressure or clots depending on the position
- Vomit or stomach contents entering your lungs
- Death

You can request anaesthetic information leaflets about your pre operative preparation and the anaesthetic procedures in greater detail. Leaflets available are:

- 1) Anaesthetics explained
- 2) General Anaesthetic and Sedation
- 3) Regional Anaesthetic (RA)

For further information please visit the following websites:

Association of Anaesthetists of Great Britain and Ireland

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

Royal College of Anaesthetists

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

<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 658 4035

Out of Hours: Contact the Switchboard on 0121 685 4000 and ask for the Oncall Bleep Holder.