GENERAL ANAESTHESIA
FOR
E.N.T SURGERY

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This document is intended as general information for patients of Dr Chris Que Hee. It is not a substitute for consultation with your specialist anaesthetist.

About Me: I was born and raised in Queensland and I completed my medical degrees at the University of Queensland in 1991 and my specialist anaesthetic training in 2003. I provide anaesthetic services to patients of all ages in various hospitals in Brisbane and Toowoomba. I specialise in head and neck surgery (oral surgery, dental, and ENT).

Coughs and Colds: It is important that you are as healthy as possible prior to non-emergency anaesthesia. The commonest cause of cancellation of the anaesthetic is a cough or cold. Preferably, you should be symptom-free for two weeks after a cold before the procedure. Please contact me if in doubt.

Regular Medications should be taken at their usual time. This includes any tablets or puffers that would normally be taken in the morning. Tablets can be taken with water. It is very important that chronic diseases such as asthma, blood pressure, diabetes and heart disease are well treated. A visit to your GP a couple of weeks beforehand to make sure therapy is optimized is useful. The only tablets we routinely omit on the morning of surgery are diabetic tablets (hypoglycaemics). If you have complicated medical problems, or you are unsure about your medications, please contact me for advice.

Vaccinations should be avoided for 2 weeks prior to the procedure, just in case you develop a fever or flu-like symptoms, which may result in cancellation.

Smoking should ideally be ceased for 6 weeks prior to elective surgery to allow the bronchial lining to recover. However, as surgery is often booked only a few days in advance, this is not possible. Please don’t smoke for 24 hours prior to your surgery as there is evidence that this decreases risk.

Fasting: For safety reasons, it is VERY important that patients have an empty stomach before their anaesthetic. Failure to do this can result in stomach contents coming up in to the lungs while unconscious, resulting in life-threatening pneumonia.
Nothing to eat or drink for SIX HOURS before the operation starts.

An exception is that you may drink WATER ONLY up to TWO HOURS before the procedure time.

As an example, if the surgery time is 1130, you can eat up to 0530 (early breakfast), and drink water up to 0930. If you drink water up to two hours before surgery, this can decrease nausea and uncomfortably dry mouths.

**Pre-op assessment:** I will meet you outside the operating theatre and go through your medical history and the planned anaesthetic. I will ask about your previous anaesthetics, your health issues, your social habits (alcohol consumption, smoking), and any loose or broken teeth you may have. In some cases, I may ring you the day before the surgery to run through this in a less time-pressured way. Ask as many questions as you like.

**Induction of Anaesthesia** for adults is usually achieved with an intravenous cannula (small plastic tube) which is inserted into the back of the hand or the front of the elbow (where you’d normally have a blood test). This cannula is smaller than a standard blood test needle. If you are anxious about the needle or the anaesthetic, I’ll get you to breathe some nitrous oxide (laughing gas) with a small amount of sevoflurane (general anaesthetic gas). This smells a little like nail polish, and you hold the mask yourself. It helps you to become very relaxed after about 60 seconds. The nitrous oxide is also a very powerful pain-reliever.

Once the IV is in place, we induce anaesthesia rapidly. I will keep you deeply unconscious for as long as necessary, however, you will feel as though you have regained consciousness about 2 seconds later. Most people are pleasantly surprised at how quick the procedure feels, and how good they feel when they wake up!

**During the operation** I will be there the whole time. Routine monitoring includes ECG, blood pressure, pulse oximetry (clip on the finger) and all the gases breathed in and out with every single breath.

Most cases will involve me putting a specially designed breathing tube in the mouth while you’re asleep. It’s taken out before your wake up, so you’ll know nothing about it, but you may notice a scratchy throat. Cool drinks and ice blocks usually settle this quickly.

For nasal surgery and ear surgery, local anaesthetic infiltration is routinely administered while asleep. This greatly reduces the need for other strong opiate pain killers during the procedure.

**Anti-vomiting** medications are routinely given (they are very safe and last up to 24 hours). I will also give some fluids into the drip (for rehydration after all that fasting). **Antibiotics** are commonly given as well.

**Recovery** is divided into 3 stages for day patients. In Stage 1, you’re semiconscious and you have one-on-one care by specialist nurses. I am also available to attend immediately if there is a problem. In Stage 2, you’ll may be on a bed and offered something to drink or ice to suck. In Stage 3 you’re in a lounge chair and offered something more substantial to eat and drink prior to being discharged. If you are being admitted overnight, you go straight from Stage 1 on your bed directly to the ward.
The IV is kept until you are eating and drinking, just in case you need any extra medicine to settle your stomach, or any pain relief. If you are an inpatient, it is routine to leave the drip in until the next day.

**Post-operative Care:** Pain relief and anti-nausea medication are available to all patients, however, the likelihood of these being required varies greatly depending on the surgery:

**Grommets:** You awaken quickly. You usually only need paracetamol. Nausea is rare.

**Adenoids:** Need stronger pain medication and may be drowsy afterwards for an hour of more.

**Tonsillectomy:** Need much stronger pain medications during the operation, accompanied by anti-vomiting medications. Can be drowsy for many hours. Occasional nausea and vomiting. Ongoing pain relief will be organised on discharge.

**Major ear surgery:** Less pain-relief needed due to the use of local anaesthesia during the surgery which lasts for at least 6 hours. Higher incidence of nausea due to deeper parts of the ear being stimulated. Drowsiness afterwards common.

**Nasal Surgery:** Local anaesthesia during the operation decreases the need for stronger pain medications. We need to aggressively manage any nausea. Vomiting can cause bleeding from the nose. You need to speak up if you feel unwell at any stage. Drowsiness afterwards is common.

If you are having day surgery, you should not drive, operate machinery, sign any documents or make important decisions for at least 24 hours after a general anaesthetic. In addition you should avoid these activities while you are taking prescription pain-killers, which could be several days depending on your operation.

**Safety & Side Effects:** Anaesthesia has become very safe. You can be reassured that anaesthetists have taken steps over the years to reduce the risk. This includes analyzing past incidents, using the latest monitoring techniques, improved specialist training, and improvements in the drugs at our disposal. The overall mortality from anaesthesia alone in a healthy person is approximately 1 in 100,000.

Common things occur commonly, and some have already been mentioned. Nausea and vomiting is still occasionally a problem. Sore throat, hoarse voice, sore nose, and a bruise at the IV site are common.

Rare things occur rarely, and I have everything I need in theatre to deal with any eventuality. A lot of equipment is available to me immediately for the “what-if” situations, and fortunately rarely is used.

In adults, many risks are related to **pre-existing medical conditions**. For example, the patient with known heart disease is at a much higher risk of a peri-operative cardiac event than a person without a known history. This approach also applies to respiratory and neurological diseases. Before the operation, if all conditions are as well-managed as they can possibly be, then the risk can be minimised, but never eliminated.

**Breathing difficulties** post-operatively are concerning, but we’re also the most prepared for them. Risk factors for breathing troubles include asthma, eczema, a recent cold, and active or passive smoking. **Aspiration** pneumonia is unusual, but is commoner if you are not fasted properly.
Allergic reactions (and the more severe anaphylaxis) are extremely rare. The two biggest culprits are antibiotics and muscle relaxants. I routinely skin test the antibiotic on your forearm while you’re asleep, before giving the whole dose into the IV. Muscle relaxants are rarely needed for ENT surgery.

Awareness under anaesthesia is difficult to quantify. As my anaesthetic technique avoids muscle relaxants, the incidence of painful awareness is much lower than it would be otherwise, that’s close to zero.

Extra long case (>3 hours) incur risks of pressure sores, and nerve injuries, but we have special padding to minimize this. The risk of deep-venous-thrombosis is minimised by special compression stockings on your legs, and occasionally the administration of blood thinning medication.

Hypothermia is prevented by a specialized warming blanket that is used throughout the procedure.

Unplanned admission to hospital is rare, and can be due to ongoing oxygen therapy, pain problems, nausea and vomiting, or coexisting medical conditions.

Fever postoperatively is often due to an inflammatory reaction to the surgery, but could also be due to chest infection or concomitant unrelated viral illness. If you’re unwell with this fever, please see your GP.

This list of complications does not cover every eventuality. If you require more detailed information, please let me know.

Contacts: Please do not hesitate to contact me if you have any questions about your anaesthetic. Email is preferred. If you wish to speak to me, please email with contact details and I’ll call you back when I can (often after hours).

drsteveclulow@bigpond.com

If you do not have internet/email access, please leave me a message on 1300 554 921 and I'll call you as soon as possible.

You may be contacted afterwards and offered a survey to complete about your experience. This is an important part of continually improving my professional service to patients.

My privacy policy is also available on request, just ask.