



This information sheet answers frequently asked questions about having a general anaesthetic. It has been developed to be used in discussion with your doctor or healthcare professional.

1. What is a general anaesthetic?

A general anaesthetic (sometimes referred to as a “GA”) is a mixture of medicines to keep you unconscious and pain free during an operation or procedure. Medicines are injected into a vein and/or breathed in as gases into the lungs. To give the gases, the anaesthetist will use a face mask and/or a breathing tube which will be placed through your mouth or nose and into your throat. The tube is removed as you wake up after surgery.

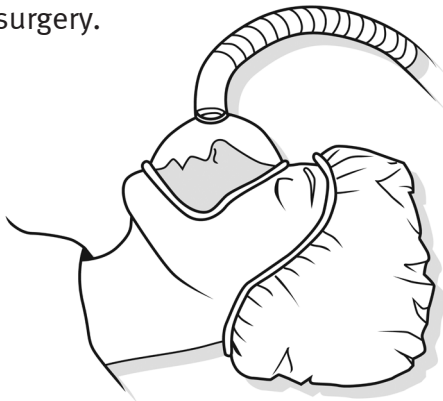


Image 1: Patient with general anaesthetic being given with a face mask

2. What is a pre-medication?

A pre-medication (pre-med) is a medicine that is given to patients before some anaesthetics to help reduce or relieve anxiety.

3. What does my anaesthetist do?

Your anaesthetist is a doctor with specialist training who will:

- assess your health and then discuss with you the type of anaesthetic suitable for your surgery or procedure
- discuss the risks of suitable anaesthetic options
- agree to a plan with you for your anaesthetic and pain control
- be responsible for giving your anaesthetic and caring for you during your surgery and straight after your surgery or procedure
- manage blood transfusions if required.

You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor/healthcare professional/student undergoing further training. All trainees are supervised according to relevant professional guidelines.

4. What are the risks of having an anaesthetic?

Modern anaesthesia is generally very safe. Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some may cause long-term problems.

Common side effects and complications include:

- nausea and/or vomiting
- headache
- pain and/or bruising at injection sites
- sore or dry throat and lips
- minor damage to lips
- blurred/double vision
- dizziness and feeling faint
- mild allergic reaction such as itching or a rash
- problems passing urine
- shivering
- damage to teeth and dental work
- confusion and memory loss, usually in older people. It usually recovers but may take weeks or months
- emotional distress/behavioural disturbances
- chest infection
- bleeding is more common if you have been taking blood thinning and antiplatelet medicine.

Uncommon side effects and complications include:

- allergic reactions
- asthma
- muscle aches and pains
- temporary slow or difficulty breathing when woken up
- temporary nerve damage (paralysis or numbness)
- being awake or aware
- damage to the voice box and vocal chords, which may cause a temporary hoarse voice
- damage to the eyes (small pieces of tape are usually used to keep the eyelids closed and/or eye ointment is used)
- prolonged paralysis requiring breathing support
- worsening of an existing medical condition



4. What are the risks of having an anaesthetic? *(continued)*

- sleep problems
- blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

Rare risks and complications include:

- severe allergy or shock
- very high temperature requiring emergency treatment
- stroke or heart attack
- leaking of stomach contents/vomit into the lungs causing pneumonia
- prolonged paralysis requiring breathing support
- severe and permanent nerve damage
- blood clot in the lungs
- brain damage
- damage to the eyes including loss of vision
- deafness (usually short term)
- epileptic seizures
- equipment failure causing significant harm
- death (very rare).

5. What are my specific risks?

There may also be risks specific to your individual condition and circumstances. Your doctor/healthcare professional will discuss these with you. Ensure they are written on the consent form before you sign it.

The risk to you will depend on:

- how simple or complex your surgery is
- whether your surgery takes a short or a long time
- whether your surgery is an emergency.

Your risks are also increased if you:

- are elderly
- smoke
- are overweight
- have the following:
 - a bad cold or flu, asthma or other chest disease
 - diabetes
 - heart disease
 - kidney disease
 - high blood pressure
 - other serious medical conditions.

6. What are the risks of not having general anaesthesia?

There may be consequences if you choose not to have the proposed anaesthetic. Please discuss these with your doctor/healthcare professional.

7. What are my responsibilities before having a general anaesthetic?

You are at less risk of problems from an anaesthetic if you do the following:

In preparation for your procedure:

- Increase your fitness before your procedure to improve your blood circulation and lung health. Ask your GP about exercising safely.
- If you are overweight, losing some weight will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely.
- Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48).
- Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines.
- Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic.
- If you take anticoagulant or antiplatelet (blood thinning) medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/herbal/alternative medicines, such as fish oil or turmeric:
 - ask your surgeon and/or anaesthetist if you should stop taking it before surgery as it may affect your blood clotting
 - do NOT stop blood thinning medicines without medical advice
 - if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor when you can restart the blood thinning medicine.



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7. What are my responsibilities before having a general anaesthetic? *(continued)*

On the day of your procedure:

- **Nothing to eat or drink** ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- **If you are a smoker or drink alcohol:** do not smoke or drink alcohol.
- **If you are taking medicines:** most medicines should be continued before an operation, but there are some important exceptions:
 - your doctor will provide specific instructions about your medicines
 - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking.
- **If you feel unwell:** telephone the ward/hospital for advice.
- Tell your doctor and the anaesthetist if you have:
 - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed
 - a drug addiction
 - had previous problems and/or known family problems with anaesthesia
 - false teeth, caps, loose teeth or other dental problems
 - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and are not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin)
 - allergies/intolerances of any type and side effects.

8. What does my anaesthetic recovery involve?

After the surgery, the nursing staff in the recovery area will watch you closely until you are fully awake. You will then be returned to the ward or day procedure area where you will rest until you are well enough to go home.

8. What does my anaesthetic recovery involve? *(continued)*

Tell nursing staff if you have any side effects from the anaesthetic, such as headache, nausea, or vomiting. They will be able to give you some medication to help.

The anaesthetist will arrange pain relief, any other medications and extra fluids by a drip, if needed.

Some ways of giving pain relief are:

- tablets or pills:
 - used for all types of pain
 - you need to be able to eat and drink and not feel sick for these to work
 - these take at least half an hour to work
- injections:
 - will usually be given into a vein and pain relief is within a few minutes
 - can also be given into a muscle or under the skin and will take 20 minutes to work
- suppositories:
 - are small pellets that are placed into your back passage (rectum) for pain relief
- patient-controlled analgesia (PCA):
 - you control your own pain relief by pressing a button for your drip to give you a dose of strong pain relief medicines
 - it is programmed in such a way to prevent accidental overdose
- local/regional anaesthesia:
 - the surgeon often injects local anaesthetic into the wound while you are having the general anaesthetic giving you around 4–6 hours of pain relief after the surgery.
 - request a copy and/or refer to the relevant patient information sheet
www.health.qld.gov.au/consent

9. Following a general anaesthetic

A general anaesthetic will affect your judgment for about 24 hours or sometimes longer. For your own safety during this time:

- do NOT drive any type of car, bike or other vehicle
- do NOT operate machinery including cooking implements
- do NOT make important decisions (such as withdrawal of money from the ATM machine) or sign legal documents
- do NOT drink alcohol, take other mind-altering substances, or smoke, as they may react with the anaesthetic medicines
- have an adult with you on the first night after your surgery.



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