

Anaesthesia

A guide for patients, carers and families

What is an Anaesthetist?

An Anaesthetist is a doctor with additional specialist training in anaesthesia and pain management. They are responsible for assessing your fitness for surgery, as well as providing anaesthetic care and pain management.

Types of Anaesthesia

What is Anaesthesia?

Anaesthesia is the giving of medicine that makes you sleep (make you unconscious) or feel no pain during an operation so surgeons can fix your body safely. It is usually started with an injection given into a small plastic tube in a vein, called a cannula.

Anaesthesia in Australia is the safest of anywhere in the world. Complications associated with anaesthesia and surgery, like heart attacks, strokes, confusion and memory loss depend on many factors like the type of surgery, your age and your general health. Your anaesthetist will discuss the risks with you.

General Anaesthesia

A general anaesthetic is necessary for most operations. You will be asleep and feel nothing during your surgery. Your anaesthetist will stay with you throughout the operation and will continuously monitor and care for you. As soon as the operation is finished the drugs will be stopped so that you wake up.

Common and short-term complications include nausea, blurred vision, itching, a sore throat and drowsiness. Damage to teeth is uncommon. Major complications related to general anaesthesia are rare. These complications include severe allergic reaction, malignant hyperthermia or awareness under anaesthetic.

Sedation

Sedation is medicine that helps you feel calm, relaxed and a bit sleepy during a procedure, but you don't go fully to sleep. Less medication is needed than with a general anaesthetic, and as a result, recovery is usually faster. It is used for procedures which do not require a general anaesthetic, such as gastroscopy, colonoscopy, removal of a skin cancer or if you are getting a nerve block. Memory of events is possible with 'sedation'. Some patients prefer to have little or no memory of events. Please discuss your preference with your anaesthetist.

Local anaesthesia

This is medicine that can be injected into the skin to numb an area on the skin. It can also be injected around nerves (see the nerve block section) to make an area of the body numb. It may be combined with sedation.

Spinal and Epidural Anaesthesia

These both involve injection of local anaesthetic into the area around the spinal cord, which numbs the area of the body below the injection. However, the techniques have some differences. They are often used in knee and hip replacement, abdominal and obstetric surgeries. The injections are frequently done with you awake, or lightly sedated.

Numbness and an inability to move the legs then occurs. How long this lasts for depends on the dose given. A spinal or an epidural may be used with a general anaesthetic, or they may be used alone.

Complications are uncommon. The more common side effects include headache (0.5% risk), itching and short-term problems passing urine. Rare but serious complications include nerve damage, bleeding or infection around the spine.

Nerve Blocks (Regional anaesthesia)

An injection of local anaesthetic, often guided by ultrasound, can be used to produce numbness of specific parts of the body (e.g. an arm, leg, or a foot). This injection may be used on its own or in combination with a general anaesthetic. A nerve block can give pain relief for up to 36 hours depending on the site of injection and the medications used. Sometimes a catheter (a very thin flexible tube) can be left in place to give pain relief for longer. Benefits of a nerve block may include a shorter recovery period, better quality of pain relief and reduced chance of nausea after your operation.

It is important to recognise that numbness and weakness of the area affected by the nerve block may still be present after discharge from hospital, so care must be taken until normal feeling and strength return. Nerve damage may occur in less than 0.1% of nerve blocks. Most of those affected recover within six weeks. Permanent nerve damage is very rare, it may occur in 0.01% of nerve blocks.

Preparing your body before your procedure

Smoking

One of the most important steps to improve your health is to stop smoking. Stopping smoking, ideally for six weeks, but at least for three days prior to your procedure, increases the safety of your anaesthetic and decreases the incidence of wound infection. Nicotine patches, gum or tablets are perfectly compatible with your anaesthetic.

Exercise

Whilst waiting for an operation, try and increase your activity levels. Try to do any activity that makes you feel out of breath at least three times a week but always check with your doctor what type of exercise is appropriate for you. Activities that improve strength and balance will also be useful for your recovery.

Alcohol

Alcohol can have many effects on the body, but importantly it can reduce the liver's ability to produce the building blocks necessary for healing. Make sure you are drinking less than, or up to the recommended limits, to improve your body's ability to heal after surgery.

Diet

Your body needs to heal itself after surgery –eating a healthy diet before and after surgery can really help.

Eating, drinking and your medications

Eating

Serious complications may occur if you have eaten before your anaesthetic. In most cases you must not have any food for at least six hours before your admission. In some situations, e.g. if you need bowel preparation or are on an injectible weight loss or non-insulin diabetes medication (like Ozempic, Wegovy or Mounjaro) you may need to follow other special instructions and stop food for a longer period.

Drinking

Before your operation, you might be allowed to keep drinking clear drinks like water until it's time to go into surgery. This is called 'Sip til Send'. Some people need to stop drinking when you leave the house to come into hospital. For advice on what fluids are okay to drink ask your doctor or nurse.

Medications

Most medications are continued even when you are fasting. These can be taken with sips of water. Your doctor will tell you if there are any that should stop.

If you take blood thinning or some types of diabetes medications, these may need to be stopped some days before surgery.

Examples of medications that need to be stopped include:

1. Antiplatelet medications e.g. aspirin, clopidogrel.
2. Anticoagulants e.g. warfarin, Eliquis, Xarelto, Pradaxa.

3. SGLT-2 inhibitors e.g. Jardiamet, Jardiance, Xigduo, Forxiga, Gylxambi and Qtern.

In some circumstances you may need to take another medication during this time i.e clexane instead of warfarin, or metformin instead of jardiamet.



Please follow all the fasting and medication advice specific to you and your procedure. This will be given to you either in the Preadmission clinic or the surgeons rooms. If this advice is not followed, it may result in delays to your procedure.

Other Information

If you need an interpreter, these are freely available. Please let staff know at the earliest opportunity and we will arrange for you.

Remove all nail polish, jewellery and body-piercings before surgery and wear comfortable clothing that is easy to put on and take off.

Day surgery patients

If you are to be discharged from hospital on the same day as your surgery:

- You require a responsible adult to accompany you home and you should remain in the company of an adult overnight.
- You should not drive, operate machinery, or make important decisions within 24 hours if you have had anaesthesia or sedation.
- You will be discharged with appropriate pain relief tablets and clear written instructions regarding wound care, follow-up with your surgeon and contact information (should you have problems following discharge).
- You will only be discharged if your post-operative pain is controlled, you feel well and are able to walk safely.

For further information

For more detail you can also visit:

<https://www.anzca.edu.au/patient-information/about-anaesthesia>

<https://asa.org.au/patients>

Prior to surgery, if you have questions about your admission or cannot attend for your procedure, please contact the waitlist bookings office on **(02) 9515 7344**.

Your Admission Date is _____

Please phone **(02) 9515 4603** the working day before between 3pm–7pm, to find out your admission time and to confirm your fasting times.

Please bring your medications, scans, x-rays, CPAP machine (if you have one) to the hospital.