The Dudley Group
NHS Foundation Trust

# Your anaesthetic for emergency surgery

## Anaesthetic Department

## Patient Information Leaflet

**Information to help you prepare for your anaesthetic before emergency surgery**

www.dgft.nhs.uk/services-and-wards/anaesthetics/

## What is anaesthesia?

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

- Local anaesthesia involves injections that numb a small part of your body. You stay conscious but free from pain.
- Spinal anaesthesia is when an injection of local anaesthetic is placed in your lower back, which makes you numb from your waist downwards. Many people remain awake during the operation but it may be possible to have medicines that make you feel sleepy and relaxed (sedation).
- Nerve blocks involve injections that numb a specific part of the body, such as an arm. This can be done so you are conscious during surgery but free from pain, or it is sometimes used in combination with a general anaesthetic to improve pain relief.
- General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

## Who are anaesthetists?

Anaesthetists are doctors with specialist training who:

- Discuss the type or types of anaesthetic that are suitable for your operation. If there are choices available, your anaesthetist will help you choose what is best for you.
- Discuss the risks of anaesthesia with you.
- Agree a plan with you for your anaesthetic and pain control.
- Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.
- Manage any blood transfusions you may need.
- Plan your care, if needed, in the high dependency or intensive care unit.
- Make your experience as calm and pain free as possible.

## How do I prepare for surgery?

Except in time-critical emergencies, you will be required to stop eating food (fast) for at least six hours before surgery. You are only allowed to drink water until two hours before surgery and after this you will not be able to drink anything. If there is to be a delay in you coming to the operating theatre, we will encourage you to drink water unless you are feeling sick. If you cannot drink, intravenous fluids (a drip) may be started.

## When will I have my surgery?

Unplanned emergency surgery is usually performed in either our dedicated emergency theatre or our trauma theatre. Where possible, we will give you an approximate time for the operation. However, sometimes we have to prioritise other patients, or other operations take longer than expected and so times are subject to change. You can ask your nurse to ask theatres for an update, if you want.

In some instances, we may ask you to go home and come back for surgery the following day if you are well enough.

## Prevention of blood clots

You may have treatment to prevent blood clots in the legs. This may include tight surgical stockings, and/or injections into your tummy.

## Will I meet my anaesthetist?

Your anaesthetist will visit you on the ward.

You will be asked questions about your general health, any medications you may take and any allergies. Your anaesthetic may organise for you to have some tests, if necessary. These will often include blood tests and an ECG (heart tracing).

The anaesthetist will also have to decide whether you can have your operation straight away. Occasionally, they discover medical problems that need to be treated before you can safely be anaesthetised. This might be having a very fast heart rate, or needing blood thinning medicines to be reversed.

They will discuss the anaesthetic you could have, including benefits, risks and your preferences with you. They will then:

- Decide with you which anaesthetic would be best for you.
- Decide for you, if you would prefer that.

If there is a choice of anaesthetic, this will depend on:

- The operation you are having and your physical condition.
- Your preferences and the reasons for them.
- The recommendation of the anaesthetist, based on experience.
- The equipment, staff and resources at the hospital.

A needle is used to start most anaesthetics in adults. If you are very worried about this, please talk to your anaesthetist.

You may need a blood transfusion during or after your operation. You can ask for more information about the risks and benefits of blood transfusion. Blood transfusions are generally avoided unless absolutely necessary.

## What happens when I am called for my operation?

- A member of theatre staff and a porter will take you to the theatre on a bed or trolley.
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. You may be able to keep them on if you are having a local, spinal or nerve block anaesthetic.
- Jewellery and/or any decorative piercing should ideally be removed. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin.

## What happens in the operating department (‘theatres’)?

When you arrive in the theatre area, members of staff will confirm your identity, the operation you are having, and any allergies you have.

- Your anaesthetic may begin in an anaesthetic room or sometimes in the operating theatre itself.
- Your anaesthetist, an operating department practitioner (also called an ODP – a person trained to help the anaesthetist) and theatre nurses will be there to look after you. There may also be anaesthetists in training and medical students.

## The anaesthetic

- It may take several minutes of preparation before the anaesthetic itself begins.
- Machines are connected to you that continuously monitor your heart rate, blood pressure and oxygen levels. Sticky pads on your chest are attached to the heart monitor, and a small peg on your finger or earlobe measures the oxygen level in your blood.
- The anaesthetist will use a needle to insert a cannula (thin plastic tube) into a vein on the back of your hand or forearm. This is used to give you medicines and fluids (a drip) during the operation.
- Depending on the type of surgery, and on your general health, the anaesthetist may insert another cannula into an artery at your wrist. We will give you a local anaesthetic in the skin in this area to reduce the pain of this. This cannula is called an arterial line. It allows your blood pressure to be measured continuously, and it is also used for further blood tests during the operation.
- If you are having a spinal anaesthetic or an epidural for pain relief, this will usually be done before you have the general anaesthetic.

### General anaesthetics

When all of the preparations have been completed, the anaesthetist will give you oxygen to breathe through a mask, whilst slowly injecting anaesthetic drugs into your cannula. From this point, you will not be aware of anything else until the operation is finished.

If there are concerns about you feeling sick, some pressure will be applied to the front of your neck as you go to sleep to avoid vomit in your stomach coming up and going into your lungs.

While you are anaesthetised, you may also have:

- A breathing tube placed into the trachea (windpipe) through your mouth.
- A larger cannula placed into a vein in your neck. This called a central venous line. It is used to give fluids, to measure pressures and/or to give medicines to control your blood pressure.
- A tube passed through the nose into your stomach which keeps your stomach empty.
- A tube passed into your bladder (a catheter) which keeps the bladder empty. It is also used to measure the amount of urine that your kidneys produce.

### Spinal or nerve block anaesthetics

If you are having a spinal or nerve block anaesthetic:

- Your anaesthetist will ask you to keep quite still while the injections are given. You may notice a warm tingling feeling as the anaesthetic begins to take effect.
- Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.
- You will remain alert and aware of your surroundings, unless you are having sedation. A screen shields the operating site, so you will not see the operation unless you want to.
- If you are having sedation, you will be sleepy and relaxed. However, you may be aware of events around you.

- Your anaesthetist is always near to you and you can speak to him or her whenever you want to. For local anaesthetics, other theatre staff may be looking after you.

### Blood transfusion

Blood transfusion is a possibility during all surgery. Blood is only given if absolutely necessary.

You can find out more about blood transfusion and any alternatives there may be by asking your anaesthetist beforehand. Or you can visit the weblink: https://www.nhsbt.nhs.uk/what-we-do/blood-services/

## What happens after the operation?

We will take you to the recovery room, which is near to the operating theatre.

- Nurses will look after you there and will continue to monitor your blood pressure, oxygen levels and pulse rate.
- They will treat any pain or sickness that you have with medicines or injections.
- Oxygen is often necessary for a while and is given through a lightweight face mask or through little tubes that sit below your nostrils.

When you are more alert, we will return your glasses, hearing aids and false teeth to you.

The recovery room staff will talk to you and ask you how you are feeling. When they are satisfied with your condition, you will be taken back to the ward to continue your recovery.

## What about pain relief afterwards?

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well; therefore, you should always report it to your nurses and seek their advice and help.

Here are some ways of giving pain relief:

- Pills, tablets or liquids to swallow – these are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.
- Injections – these are often needed, and may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).
- Suppositories – these waxy pellets are put in your rectum (back passage). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit.
- Patient-controlled analgesia (PCA) – a machine allows you to control your pain relief yourself. The medicine enters your body through your cannula. If you would like more information, ask for a leaflet on PCA.
- An epidural – your anaesthetist uses a needle to insert a fine plastic tube between the bones of your back. This is usually done before you go to sleep. Local anaesthetic is given through this tube during the operation, and for a few days afterwards. Your chest, abdomen and legs may feel numb whilst the epidural is being used, and your legs may not feel as strong as normal. This is to be expected while the epidural is working, and will return to normal when the local anaesthetic wears off.

- Nerve block – injection of local anaesthetic around nerves supplying the site of surgery, causing numbness. If this is part of a leg or arm, you may not be able to use it. You can then have your operation without feeling anything. It may also be combined with a general anaesthetic or sedation. This means you have the advantage of the pain relief provided by the nerve block, but you are also unconscious or sedated during the operation.
- Wound catheters – local anaesthetic is put into your wound through one or more small plastic tubes. This should give a numb area around the wound. The surgeon places the tubes during the operation. They are connected to a pump that continuously delivers local anaesthetic. Wound catheters can stay in for several days after your operation.

## Intensive care or high dependency care

If you are having major surgery or you are very unwell, the anaesthetist might move you to the Intensive Care Unit (ICU) or Surgical High Dependency Unit (SHDU) after the surgery. Here you will receive additional close monitoring and specialist treatment if required.

In the SHDU or ICU, you will be looked after by doctors, nurses, physiotherapists and dietitians who specialise in high dependency and intensive care. They work closely with your surgical team to ensure that your recovery is proceeding well. You may have your own nurse, or a nurse who looks after you and one other patient.

You will be able to have visitors whilst on the ICU or SHDU. Your nurse will be able to advise you on visiting times and the number of visitors allowed.

When the team looking after you is satisfied you are recovering safely, you will return to the surgical ward.

## Understanding risk

People vary in how they interpret words and numbers. This scale is provided to help:

| Very common | Common | Uncommon | Rare | Very rare |
|---|---|---|---|---|
| One in 10 Someone in your family | One in 100 Someone in a street | One in 1,000 Someone in a village | One in 10,000 Someone in a small town | One in 100,000 Someone in a large town |

### Risks of the operation

The risks of your operation depend on what the problem is, how ill it has made you, the type of surgery you are having, your general fitness, and any other health problems you have. Thinking about these risks may cause worry, but it is important to compare them to the consequences of not having the operation. Your surgeon and anaesthetist will be able to help you compare these risks, depending on your individual circumstances.

Unplanned surgery is more risky than planned surgery as you may already be unwell and there is less time to prepare you for surgery.

### Risks of the anaesthetic

There are some risks or side-effects that are related to the anaesthetic itself. Some of these occur quite commonly but are generally minor or short-lived. Serious risks can occur, but these are uncommon or rare.

- Common risks and side-effects include feeling sick and vomiting, a sore throat, shivering, itching, soreness at drip sites, developing a chest infection, and temporary periods of confusion.
- Uncommon risks include breathing difficulties at the end of the anaesthetic, problems with your heart, damage to teeth, pre-existing medical problems getting worse, and awareness during anaesthesia.
- Rare and very rare risks include damage to the eyes, serious allergy to drugs, and nerve damage. Death caused directly by anaesthesia is extremely rare, and is estimated to occur in one in 200,000 anaesthetics in the UK.

### More information

Your anaesthetist or the nurses and doctors looking after you will be happy to answer your questions.

## Questions you may like to ask your anaesthetist

1. Who will give my anaesthetic?
2. What type of anaesthetic do you recommend?
3. Which type of pain relief do you recommend?
4. Are there alternatives to this type of pain relief?
5. Are there any choices I can make about the drips or tubes that you have recommended? Any alternatives?
6. What are the risks of this type of anaesthetic?
7. Do I have any special risks?
8. How will I feel afterwards?
9. Do I need to go to SHDU or ICU?
10. What specialist treatments might I need in SHDU or ICU?

## Can I find out more?

You can find more information leaflets on the hospital website: www.dgft.nhs.uk/services-and-wards/anaesthetics/ or ask your anaesthetist.

Leaflets include:

- Anaesthesia explained (a more detailed booklet)
- Your spinal anaesthetic
- Epidural pain relief after surgery
- Your anaesthetic for major surgery
- Your anaesthetic for a broken hip
- Brachial plexus block for surgery and pain relief
- Sedation
- Risks associated with your anaesthetic

The following are leaflets about specific risks associated with having an anaesthetic or an anaesthetic procedure. They supplement the patient information leaflets listed above and are also available via the hospital website: www.dgft.nhs.uk/services-and-wards/anaesthetics/ or ask your anaesthetist.

- Feeling sick
- Sore throat
- Shivering
- Damage to teeth, lips and tongue
- Damage to the eye during general anaesthesia
- Post-operative chest infection
- Becoming confused after an operation
- Accidental awareness during general anaesthesia
- Serious allergy during an anaesthetic (anaphylaxis)
- Headache after a spinal or epidural injection
- Nerve damage associated with having an operation under general anaesthetic
- Nerve damage associated with a spinal or epidural injection
- Nerve damage associated with peripheral nerve block
- Equipment failure
- Death or brain damage

This publication includes text taken from The Royal College of Anaesthetists (RCoA) leaflets:

- You and your anaesthetic, 2014
- Your anaesthetic for major surgery with planned high dependency care or intensive care afterwards, 2014

The RCoA has not reviewed this document as a whole.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Your anaesthetist via the nurse looking after you

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

www.dgft.nhs.uk/services-and-wards/anaesthetics/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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