

# General anaesthetic

Adult and Child/Young Person | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker/parent/legal guardian/ other person\* to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.



## 1. What is general anaesthetic and how will it help me/the patient?

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.

### 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.

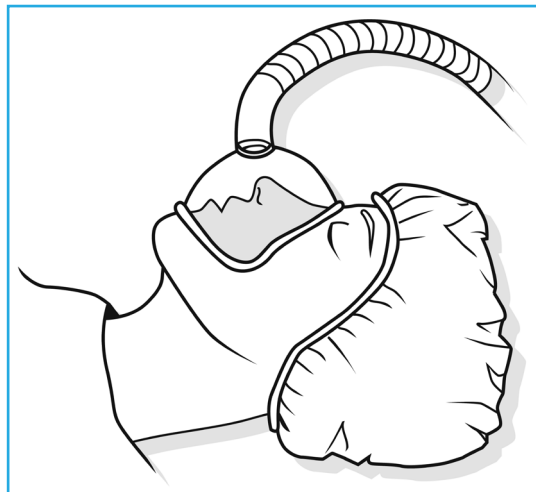


Image: Patient with general anaesthetic being given with a face mask.

ID: 479354410. [www.shutterstock.com](http://www.shutterstock.com)

## Preparing for the anaesthetic

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

- Increase your fitness before your anaesthetic to improve your blood circulation and lung health. Ask your GP about exercising safely.
- Lose weight, this 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.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines 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/clinician when you can restart the blood thinning medicine.

### 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.



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- **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 and taken the usual time even on the day of surgery with a sip of water. There are some important exceptions:
  - your doctor/clinician 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/clinician 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 is 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.



## 2. What are the risks?

There are risks and complications with anaesthesia. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

### Common risks and complications

- nausea, vomiting, itching and shivering – inform the staff as these can be treated
- headache
- drowsiness

- pain, bruising and/or bleeding at the injection site
- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- sore or dry throat and lips
- minor damage to teeth, dental work, tongue and lips due to the breathing tube
- temporary blurred or double vision
- dizziness or feeling faint, especially when you start to move around
- allergic reaction to the medication, requiring further treatment
- problems in passing urine - you may require a catheter to be placed in your bladder
- leaking of stomach content into the lungs (aspiration)
- confusion and memory loss, usually in older people, usually recovers but may take weeks or months
- emotional distress
- small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

### Uncommon risks and complications

- allergic reaction to the medication, requiring further treatment
- breathing problems
- muscle aches and pains
- temporary difficulty in breathing and/or slow breathing
- temporary nerve damage (paralysis or numbness)
- the anaesthetic does not fully work (e.g. being conscious or aware whilst having a general anaesthetic)
- damage to the voice box and vocal cords, which may cause a temporary hoarse voice from the breathing tube
- damage to the eyes (small pieces of tape and/or eye ointment is used to keep the eyelids closed and lubricated)
- prolonged paralysis requiring breathing support
- worsening of an existing medical condition

- 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

- serious allergic reaction or shock to the medication, requiring further treatment
- very high body temperature requiring emergency treatment
- heart attack or stroke could occur due to the strain on the heart
- prolonged paralysis requiring breathing support
- severe and permanent nerve damage
- brain damage
- damage to the eyes including loss of vision
- deafness (usually short-term)
- seizures may occur, requiring further medication and treatment
- equipment failure causing significant harm
- death as a result of this anaesthetic is rare.

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.

### What are the risks of not having general anaesthetic?

Not having an anaesthetic may result in you not being able to have the procedure.

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



### 3. Are there alternatives?

Making the decision to have a procedure requires the patient/substitute decision-maker/parent/legal guardian/other person\* to understand the options available. Please discuss any alternative treatment options with your doctor/clinician before signing the consent form.



### 4. What should I expect after the anaesthetic?

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.

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 pain is normal after an operation, but you should still be comfortable.

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](http://www.health.qld.gov.au/consent).

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) 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.



## 5. Who will be performing the anaesthetic?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate anaesthetic. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the anaesthetic, please discuss with the doctor/clinician.

### 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.



## 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

Australian and New Zealand College of Anaesthetists: [www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers](http://www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers).

Royal College of Anaesthetists: [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo).

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed anaesthetic.



## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.