

Local anaesthetic

Adult (18 years and over) | Patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the anaesthetic. The patient information sheet should be included in the patient's medical record.



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

A local anaesthetic is used to numb a small part of your body and stop you feeling pain.

You will be awake and aware of what is happening. Local anaesthetic is used when nerves can be easily reached by drops, sprays, ointments or injections.

Local anaesthetic generally has fewer side-effects and risks than a general anaesthetic (which is also generally a safe procedure if required).

For some procedures or operations, sedation is given with local anaesthetic. If this is required for your procedure, you will be given further information about this.



Image: Local anaesthetic.
Source: NYSORA.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, 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 and turmeric 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



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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 and taken the usual time even on the day of surgery with a sip of water, but 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

- pain and/or bruising at the injection site
- bleeding/bruising 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.

Uncommon risks and complications

- temporary nerve damage, for a few days to months, causing weakness and/or numbness of the part of the body that the nerve goes to
- the local anaesthetic does not work: your doctor/clinician will discuss if further local anaesthetic or a different type of anaesthetic is required
- damage to surrounding structures such as blood vessels, nerves and muscles
- allergy to the local anaesthetic solution.

Rare risks and complications

- permanent nerve damage
- overdose of local anaesthetic
- seizures may occur, requiring further medication and treatment
- heart attack or stroke could occur due to the strain on the heart
- death as a result of this anaesthetic is rare.

What are the risks of not having local 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 an anaesthetic requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the anaesthetic?

The area that has been numbed may remain numb or weak for several hours and sometimes up to 24 hours.

For your own safety:

- take care not to injure or bump the area that has been numbed with the local anaesthetic as you will not be able to feel pain
- do not place hot or very cold things on the affected area as this could cause burns
- if you have a 'weak' leg, do not walk without a person to assist you
- ask your doctor/healthcare professional whether you can:
 - drive any type of car, bike or other vehicle
 - operate machinery including cooking implements
- if the numbness/weakness has not gone away after 24 hours, contact the hospital.



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.

Your local anaesthetic will be given to you by an anaesthetist, your treating doctor/clinician or their team, 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 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.

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

Royal College of Anaesthetists: 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.