
Department of Anaesthetics

Anaesthetic and pre-operative information

This leaflet provides information to help you prepare for your anaesthetic at Cambridge University Hospitals (CUH). On the following websites, you will be able to watch a video of a patient's perioperative (perioperative describes the time before and after surgery) journey at CUH, as well as access useful patient information from the Royal College of Anaesthetists.

<https://www.cuh.nhs.uk/our-services/pre-assessment/>

<https://www.cuh.nhs.uk/our-services/pre-assessment/fit-4-surgery/>

<https://www.youtube.com/watch?v=0NMHMX-nFqY>

<https://www.rcoa.ac.uk/patit-information> (includes translation in 20 other languages)

Social arrangements

If you are having day case surgery, you must make arrangements for someone to stay with you for the first 24-hour period after your procedure. Please alert the pre-assessment team if you live alone, or are unable to arrange for someone to stay, as this will require an overnight admission into hospital. This could mean rescheduling your admission to a more suitable date.

Before your admission to hospital, you may receive an automated text message or telephone call, reminding you of your admission.

Feeling unwell before an operation

If you are feeling unwell at any point close to your admission, have an infection, or have recently been to your GP, please contact our Pre-Assessment Department on 01223 250888. When you call, the pre-operative nurse will ask you a few questions to check that you are still able to proceed with surgery. Failure to inform us may result in your operation being cancelled on the day of surgery.

What to bring and what not to bring with you

When you come into hospital, please bring your current prescription and all current medications, in their boxes if possible. Use the green bag provided at one of your pre-assessment appointments.

Please note - simple painkillers (such as paracetamol or ibuprofen) and laxatives (such as senna or lactulose) may be required after surgery. We suggest you discuss this with your

local pharmacist. We recommend a seven day supply of this medication to keep at home in order to help your recovery.

Not eating before your treatment

Stop eating and drinking (**this includes chewing gum**) five hours before your admission. You can continue to drink water until one hour before your admission.

For example – An admission at 07:00 would require you to stop eating at 02:00 and then consume clear fluids (for example, water, black tea or black coffee) only until 06:00.

If advised by the pre-operative assessment nurse, please take the complex carbohydrate drinks ('Nutricia Pre-op') as directed;

- 4 drinks - throughout the evening before admission
- 2 drinks - on the morning of admission (to finish one hour before admission as per instructions for clear fluids)

Your anaesthetist will give instructions to the nursing team looking after you on the admission ward. Depending on the timing of your operation, you may be allowed to drink clear fluids until later in the day.

Taking medicines before your treatment

Certain medicines may need to be stopped before surgery (for example, blood thinning medication). You should have been given instructions at your pre-assessment appointment regarding any medication you need to stop prior to your admission.

It is important that you continue all your other medicines (tablets, liquids, inhalers, patches, creams, etc.) as normal. On the morning of your admission, you can take your tablets with up to 200ml of water as long as this is done by 07:00. **If you are at all unclear about the advice you were given about your medication, please call the Pre-Assessment Department on 01223 250888.**

Please remember to bring all your medication with you to hospital, including any medicines that you have been asked to stop before surgery. This includes any herbal remedies or alternative medicines.

Any medicine that you stop before surgery will be reviewed by the doctor before you are sent home and re-started after your treatment, if it is necessary and safe to do so. Before discharge, please make sure that you are clear about which medicines, including herbal remedies or alternative medicines, you should be taking after surgery. On discharge from the ward, you will be given a list of the medicines you should be taking at home. A copy will be sent to your GP.

Washing before surgery

Please shower or bath thoroughly in soap and water on the morning of admission. Dry yourself with a clean towel, and put on clean underwear and clothes. This will reduce the risk of you developing a surgical infection.

Remove all jewellery and body piercings. If you are unable to remove them, please inform staff and they will put protective tape over them. Do not apply make-up. Remove false nails, hair extensions and nail varnish.

You will meet your surgeon and anaesthetist before your operation. If you have not done so already, you will be asked to sign a consent form for your treatment. If you have any questions for your clinical team, please feel free to ask at any point during your stay.

The list order of patients having an operation can change on the day. This can happen for many reasons, but is often due to changes in a patient's clinical condition. A patient may go earlier or later than expected; please be reassured that this is for the safe and efficient running of the theatre list.

Your anaesthetic

This section gives information to help you prepare for your anaesthetic. You can also visit the patient information section on <https://www.rcoa.ac.uk/patient-information>, as well as request further information from your anaesthetist when you see them before your operation.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss types of anaesthesia with you and choose the best option for your procedure.
- discuss the risks of anaesthesia with you.
- agree a plan with you for your anaesthetic and pain control.
- are responsible for giving you your anaesthetic and for your wellbeing and safety throughout your surgery. They will stay with you throughout the operation and as you wake up.
- manage any blood transfusions you may need.
- plan your care, if needed, in the Intensive Care Unit.
- make your experience as pleasant and pain free as possible.

Before your anaesthetic

You will be asked some questions about your health before your operation. This may be in the form of a pre-assessment clinic, a questionnaire, a discussion with doctors on the ward or your anaesthetist. It is important to tell your anaesthetist about:

- all the medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter.
- any allergies you may have.
- important medical conditions for which you have seen other specialists at other hospitals.
- any current use of cigarettes, alcohol or recreational drugs.

On the day of your operation

The hospital will give you clear instructions about fasting. These will be found on your admission letter and it is important to follow them. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs. If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. If you take drugs to stop you getting blood clots (anticoagulants such as aspirin, warfarin, clopidogrel), drugs for diabetes or herbal remedies, you will need specific instructions at your pre-op appointment. If you feel unwell when you are due to come into hospital, please call the number on your admissions letter.

Your anaesthetist will meet you before your operation and will:

- ask you about your health
- discuss with you which types of anaesthetic can be used
- discuss with you the benefits, risks and your preferences
- decide with you which anaesthetic would be best for you
- make the decision for you, if you would prefer that

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want any of the treatments suggested. The choice of anaesthetic depends on:

- your operation
- your answers to the questions you have been asked
- your physical condition
- your preferences and the reasons for them
- your anaesthetist's recommendations for you and the reasons for them
- the equipment, staff and other resources at the hospital

If you are having a local or regional anaesthetic you may:

- be fully alert
- be relaxed and sleepy (sedated)
- have a general anaesthetic as well

When you are called for your operation:

- A member of staff will go with you to the operating theatre.
- You can wear your glasses (contact lenses need to be removed), hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may be able to keep them on during the operation.
- Jewellery, including decorative piercings, should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that your details are correct.

Local anaesthetics

A local anaesthetic numbs a small part of the body. This involves a small injection as the anaesthetic is put in. You stay conscious and, once the anaesthetic starts working, free from pain. Common examples of surgery under local anaesthetic are removal of teeth, removal of skin lesions and operations on the eye.

Sedation

Sedation involves using small amounts of anaesthetic drugs to produce a 'sleep-like' state. Sedation makes you feel relaxed, but not unconscious. It may be used in addition to a regional anaesthetic (or a local anaesthetic).

Regional Anaesthetics (includes spinals, epidurals and nerve blocks)

This is when local anaesthetic is injected near the nerves which supply a large or deep area of the body. The area of the body affected becomes numb.

- Your anaesthetist will ask you to keep 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 anaesthetic is working.
- If you are not having sedation, you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation.
- Your anaesthetist will remain near you and you can speak to them whenever you want to.

General Anaesthetics

General anaesthesia is a state of controlled unconsciousness during which you feel nothing, and after which you will have no memory of what happened (except going to sleep and waking up at the end of the procedure).

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised. As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness. After the operation, you will be taken to the recovery room. Recovery staff will be with you at all times. When they are satisfied that you have recovered safely from your anaesthetic, you will be taken back to the ward.

What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Understanding risk

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. To understand a risk, it is useful to know how likely it is to happen, how serious it could be and how it can be treated.

The risk to you as an individual will depend on:

- whether you have any other illnesses
- personal factors, such as smoking or being overweight
- the type of surgery, with greater risks if the surgery is complicated, long or carried out in an emergency

Side effects and complications

Listed below are a number of side effects that may be experienced. Please ask your anaesthetist if you require more information. They will discuss with you which of these may be particularly relevant to your situation.

Very common and common side effects

Regional anaesthesia	General anaesthesia
Feeling sick and vomiting after surgery	Feeling sick and vomiting after surgery
Dizziness, blurred vision	Dizziness, blurred vision
Headache	Headache
Itching	Itching
Aches, pains and backache	Aches, pains and backache
Pain during injection of drugs	Pain during injection of drugs
Bruising and soreness	Bruising and soreness
	Sore throat
	Confusion or memory loss

Uncommon side effects and complications

Regional anaesthesia	General anaesthesia
Bladder problems	Bladder problems
Slow breathing (depressed respiration)	Slow breathing (depressed respiration)
An existing medical condition getting worse	An existing medical condition getting worse
	Muscle pains

	Chest infection
	Damage to teeth, lips or tongue
	Awareness (becoming conscious during your operation)

Rare or very rare complications

Regional anaesthesia	General anaesthesia
Serious allergy to drugs	Serious allergy to drugs
Nerve damage	Nerve damage
Equipment failure	Damage to the eyes
Death	Equipment failure
	Death

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of complications occurring together.

Questions you might like to ask your anaesthetist

- Who will give me my anaesthetic?
- Do I have to have a general anaesthetic?
- What type of anaesthetic do you recommend?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

If you have any other questions for your anaesthetist, you can write them down here, and then ask your anaesthetist when you meet them on the day of surgery.

Recovering from your operation/procedure

General anaesthetic

Although you may feel that you are back to normal quite quickly after your operation/procedure, the anaesthetic medicines can affect your reactions and co-ordination for up to 48 hours.

If this happens to you, drink plenty of fluid (a glass or a cupful every hour if you can) and eat small amounts of light, easily digested food until the following day. Avoid rich, heavy or spicy meals. Remember not to drink alcohol for at least 24 hours after a general anaesthetic. You may feel rather tired and lethargic for up to a week following your admission. Do not worry if this happens to you as it is quite normal, but do consider this possibility when you plan your return to work.

If you are going home within 48 hours of your surgery, you must be accompanied home by a responsible adult and rest for the remainder of the day. For at least the first 24 hours following the procedure you should ensure that a responsible adult is with you and that you are not caring for anyone else.

Important:

When you return home and for at least 48 hours after your operation:

- You must not drive (you may not be covered by your insurance if you have an accident).
- You must not ride a bicycle.
- You must not operate machinery (including cookers, irons and other domestic appliances).
- You must not sign any important documents.
- You must not return to work.

What to do if you have a complication after you leave hospital

If you have a medical complication (please ask your doctor about the type of possible complications related to your treatment) within 24 to 48 hours of your treatment, call the number given to you by the ward staff when you were discharged. If you have a medical complication after 48 hours, please call your GP. At any time, if you feel that your condition is a medical emergency, call 999 or go to your nearest A&E department.

Contacting your GP

Detailed information will be sent to your GP when you leave the hospital to provide details of the treatment you have received and your recovery. This is to assist the doctor should you need to consult them. If any of the following occur, contact your GP:

- the amount of pain around your wound increases
- the amount of redness and / or swelling increases
- there is any unexpected discharge / bleeding from your wound

In an emergency, go to an A&E department, calling an ambulance if necessary.

Useful contact information

CUH main switchboard: 01223 245151

Ward	Contact Numbers
Ward A2	01223 216294 01223 216358
Ward A3	01223 216305
Ward A4	01223 217216
Ward A5	01223 216314
Ward C8	01223 217279
Ward D3	01223 217494
Ward D4 IDA	01223 348144 01223 256523
Overnight Intensive Recovery- J3	01223 217402
Ward D8	01223 217282
Ward F5	01223 216811
Ward F6	01223 217323
Ward G5	01223 217711
Ward L2	01223 348589
Ward L4	01223 348544
Ward L5	01223 274280
Ward M4	01223 274284
Ward M5	01223 348527 01223 348525 01223 256336
Daphne Ward	01223 257206

Cambridge Eye Unit: 01223 257168

Ely Day Surgery Unit: 01223 257168

Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.



We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:



If you would like this information in another language or audio, please contact interpreting services on telephone: 01223 256998, or email:



interpreting@addenbrookes.nhs.uk For large print information please contact the Trust documents team: docteam@addenbrookes.nhs.uk

Document history

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