



## Introduction

This leaflet aims to provide you with the basic information about the general anaesthesia that you are going to receive. If you have any questions about your anaesthesia that are not covered in this leaflet, please discuss with your anaesthesiologist who will be willing to answer your questions.

## What is general anaesthesia?

General anaesthesia is an induced state of sedation, unconsciousness, amnesia, analgesia and immobility to facilitate the conduction of a procedure. Your anaesthesiologist will administer intravenous anaesthetic drugs, anaesthetic gases or a combination of both to maintain your unconsciousness for the operative procedures. You are closely monitored with advanced electronic devices by your anaesthesiologist who will ensure your safety and comfort throughout the surgery. At the end of your operation, after stopping the anaesthetic agents, you will regain your consciousness shortly.

## Who will be responsible for my anaesthesia?

Your anaesthesia will be provided by your anaesthetist. Anaesthetists are medical doctors who are trained and specialized in providing anaesthesia. Your anaesthetist will stay with you all the time during your anaesthesia and ensure your safety during the operation.

## When will I meet my anaesthesiologist?

Your anaesthesiologist will perform a pre-operative visit before your operation in ward or immediately before the surgery at the waiting area of operation theatre complex. During the visit, your anaesthesiologist will do the following :

- Ask about your medical history including surgical, anaesthetic history, allergies and drug history
- Ask about your smoking or drinking habits
- Perform a physical examination
- Review your investigation results and order further investigations if needed
- Discuss the plan for your anaesthesia and explain the risks and benefits
- Suggest pre-anaesthetic preparations
- Obtain consent for anaesthesia from you

## Are there any risks of general Anaesthesia?

In general, modern anaesthesia is very safe and the risk of death directly associated with general anaesthesia is relatively small. Different individuals carry different risks depending on pre-existing medical problems, nature and complexity of surgery and other individual factors. Your anaesthesiologist will assess your risks and tailor your anaesthetic regimen to minimize your risks.

## What are the common side effects and complications of General Anaesthesia?

The side effects and complications can be classified as common or very common ( 1 in 10 to 1 in 100 ), uncommon ( 1 in 1,000 ) and rare or very rare ( 1 in 10,000 to 1 in 200,000 ).

### Very common and common side effects ( 1 in 10 to 1 in 100 )

- Nausea and vomiting: lasts from a few hours to several days
- Dizziness: usually improve after fluid intake
- Sore throat: lasts from a few hours to days
- Headache: usually better in a few hours
- Itching
- Aches, pain and backache
- Pain during injection of drugs
- Short term confusion or memory loss: common among elderly, it may last a few days or weeks

### Uncommon side effects and complications ( 1 in 1,000 )

- Chest infection: more common in smokers
- Bladder problems: difficulty in passing urine or leak
- Muscle pain: more common after giving a drug ( Suxamethonium ) for intubation, myalgia usually lasts for days
- Dental, lip and tongue injury: More likely if you have limited mouth opening, small jaw, receding chin and stiff neck
- Depressed breathing
- Worsening of pre-existing medical illness: e.g. Hypertension, Diabetes and heart disease



### Rare or very rare complications ( 1 in 10,000 to 1 in 200,000 )

- Eye injury: may occur if you are kept in prone position during the operation
- Nerve injury: Most nerve damage is temporary and may take months to recover.
- Anaphylaxis: Serious allergic reactions to anaesthetic drugs occur rarely and this allergic reaction may run in a family
- Stroke
- Heart attack
- Complications of invasive line insertion
- Awareness: being awake during the surgery in certain high risk patients
- Death: Very rare and usually happen when a combination of complications occur together. The estimation of death is around 0.61 per 10000 anaesthetics by the Hong Kong Hospital Authority between for year 2003 -2005.

### What would I expect in the operation room?

In the operation room, your anaesthesiologist, surgeon and operation nursing staff will check your identity, the type of operation, the site of operation and the type of anaesthesia before the procedure. Various monitors will be attached to you. Your anaesthesiologist will insert a plastic catheter into your vein and through this, anaesthetic drugs will be given to you and you will fall asleep. Your anaesthesiologist may have to control your airway and breathing by inserting a plastic tube (called endotracheal tube) through your mouth into your windpipe. As soon as the operation is finished, the anaesthetic drugs will be stopped or reversed and you will regain consciousness.

### Why am I not allowed to eat or drink before the surgery?

- In order to prevent aspiration of food or liquid into your lungs during anaesthesia, adult patient should not eat for at least 6 hours before your operation: known as 'fasting'. You can safely drink small amount of water up to 2 hours before the operation.
- Your doctor and nurses will give you clear instructions about fasting and you should follow them strictly to prevent any complication of your anaesthesia.
- If you have an emergency operation, a special anaesthetic technique will be used to reduce the risk of aspiration.

### Should I take my usual medications during my fasting?

Your doctor will advise you on which usual medications you should or should not take on the day of your operation. You are allowed to take your medications with a mouthful of water while you are fasting. Example of medication that will often be stopped before your operation:

- Oral medications for diabetes
- Anticoagulants: medications used to 'thin' your blood to prevent clotting, for example warfarin, clopidogrel

### Will it be very painful when I wake up after the surgery?

You will be given pain relieving drugs during your operation and when necessary in the recovery room. The anaesthetist will discuss with you during the pre-anaesthetic assessment when special types of pain relieving methods are considered. Examples of special pain management:

- Local anaesthetic and regional blocks
- Epidural analgesia
- Patient controlled analgesia

### Does general anaesthesia cause a person to be forgetful?

The association between general anaesthesia and forgetfulness is not strong and not well established. If there is no incident of adverse events during your anaesthesia, your memory and concentration ability should not be affected.

### Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

### Reference

Smart Patient Website of Hospital Authority: General Anaesthesia for Adults (8/2018)