

Contact information

St. Maarten Medical Center

Anaesthesiology

Welgelegen Road 30

Cay Hill

St. Maarten

Tel: +1 (721) 543-1111 ext 1410

Fax: + 1 (721) 543-0116

Email: info@smmc.sx

Web: www.smmc.sx

A publication of SMMC - September 2018

General Anaesthesia



SAFETY
HEALTH
SATISFACTION

The pillars defining our quality care

We Care Together!

S | **M**
M | **C**

St. Maarten Medical Center

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.

General anaesthesia gives a state of controlled unconsciousness. It affects the brain as well as the entire body. General anaesthesia is administered through a vein (intravenously, or IV), or you may breathe it in. It is essential for some operations. You are unconscious and feel nothing during surgery.

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,
- ◆ Design 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 intensive care unit,
- ◆ Make your experience as calm and pain free as possible.

Meeting your Anaesthetist

Your anaesthetist will meet you before your operation. They will discuss the anaesthetic you could have, including benefits, risks and your preferences. 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.

Possible Side Effects and Complications

There are some possible side effects and complications associated with having an anaesthetic or an anaesthetic procedure.

Very common and common side effects

- ◆ Feeling sick and vomiting after surgery
- ◆ Sore throat
- ◆ Dizziness, blurred vision
- ◆ Headache
- ◆ Bladder problems
- ◆ Damage to the lips or tongue (usually minor)
- ◆ Itching
- ◆ Aches, pains and backache
- ◆ Pain during injection of drugs
- ◆ Bruising and soreness
- ◆ Confusion or memory loss

Uncommon side effects and complications

- ◆ Chest infection
- ◆ Damage to the cornea of the eye
- ◆ Damage to teeth
- ◆ An existing medical condition getting worse
- ◆ Awareness (becoming conscious during your operation)

Rare or very rare complications

- ◆ Damage to the eyes including loss of vision
- ◆ Heart attack or stroke
- ◆ Serious allergy to drugs
- ◆ Nerve damage to nerves in the spine
- ◆ Death
- ◆ Equipment failure causing significant harm

Death caused by anaesthesia are very rare.

The Recovery room: After the operation, you will usually be taken to the recovery room. Recovery staff will make sure you are as comfortable and free of nausea as possible. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

Pain Relief after your Operation

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.
- ◆ **Local anaesthetics and regional blocks** – These types of anaesthesia can be very useful for relieving pain after surgery.

Pre-medication is given before some anaesthetics. Premeds prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax. Some pre-meds make you more drowsy after the operation. If you think a pre-med would help you, please ask your anaesthetist.

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

Nothing will happen to you until you understand and agree with what has been planned. You have the right to refuse if you do not want the treatment suggested or if you want more information or more time to decide.

Medicines

By providing this information, the clinical team can compile an accurate record of your current medication. Any medicine that you are taking that was bought from a pharmacy, supermarket or via the internet including: Over-the-counter medication, Homeopathic medicines, Herbal preparations and/or Indigestion Remedies.

Be sure to tell the anaesthetist and the nurse about your medical problems including allergies as well as your medical history such as Asthma.

The anaesthetist may advise you to stop taking certain medications if you are having surgery. It will still be useful for you to bring your medication on your day of surgery, even if it has been decided to stop using your medication before coming into surgery.

Diabetic and hypertension patients will receive special instructions for management of blood sugar and medications. Asthma patients should bring along their Ventoline or Combivent puff.

Before Coming to the hospital

- ◆ If you smoke, giving up for several weeks before the operation will reduce the risk of breathing problems during your anaesthetic, making your anaesthetic safer.
- ◆ If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic.
- ◆ If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth during the anaesthetic.
- ◆ If you have a long-standing medical problem such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure, you should ask your GP if you need a check up.

Day of the Operation

You will be given clear instructions about eating and drinking. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and damage your lungs.

- ◆ **If you are a smoker** you should not smoke on the day of your operation.
- ◆ **If you are taking medicines** most medicines should be continued before an operation, but there are some important exceptions. You will need specific instructions from the pre-assessment team about your tablets.
- ◆ **If you feel unwell** when you are due to come into hospital, please telephone the ward for advice.

When you are called for your Operation

A member of staff will go with you to the theatre. 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 or regional anaesthetic.

Jewelry 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.

You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your

own dressing gown and slippers.

Final checks will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked to confirm your name, the operation you are having, whether left or right side (if applicable), when you last ate or drank and your allergies. These routine checks are normal in all hospitals.

Starting the Anaesthetic

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will attach machines that measure your heart rate, blood pressure and oxygen levels.

Almost all anaesthetics, start with a needle being used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist. A needle cannot usually be avoided, but there are things he/she can do to help.

There are two ways of starting a general anaesthetic:

- ◆ Anaesthetic drugs may be injected into a vein through the cannula. This is generally used for adults
- ◆ You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.



Cannula



Oxygen mask

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetized.