



Your Anaesthetic

This information leaflet is to tell you about the anaesthetic and the anaesthetist. If there is anything you don't understand please ask when you come to the hospital.



Your anaesthetic

You have received this information leaflet as you or a family member requires an anaesthetic for an operation or medical procedure. This leaflet gives you some basic information about anaesthesia and your anaesthetist. **If there is anything you don't understand please ask your anaesthetist when you come to the hospital.**

Types of anaesthetic

The term anaesthesia comes from the Greek meaning loss of sensation. Anaesthetic practice came about because of a need to provide pain relief and altered consciousness to allow surgery to occur. An anaesthetist/anaesthesiologist has trained in the specialty of medicine that assesses your fitness for an operation, looks after you both during and after your operation, and provides the best pain management possible. The type of anaesthetic you receive will depend on the type, site and duration of your surgery.

- 1. General anaesthesia** – You are put into a state of unconsciousness for the whole operation. This involves either giving an injection of drugs or breathing a special gas, to anaesthetise you. While you remain unaware of what is happening around you, the anaesthetist is always with you, constantly monitoring your condition and adjusting the level of anaesthesia.
- 2. Regional anaesthesia** – A nerve block numbs the part of the body where the surgeon operates. This is often used for surgery on the hand, arm, hip or knee and for caesarean sections. Examples include spinal and epidural anaesthesia, arm blocks and eye blocks. A local anaesthetic is injected near the major nerve pathways to the part of the body where the operation is. You can be wide awake, or if you prefer, the anaesthetist can give you other drugs to make you relaxed and drowsy.
- 3. Local anaesthesia** – A local anaesthetic is injected at the site of the surgery to cause numbness. You will be awake. A local anaesthetic is often used for small skin lesions.
- 4. Monitored sedation** – Your anaesthetist uses a special range of drugs to keep you comfortable and drowsy but able to respond to questions if needed.

Sometimes a combination of these types of anaesthesia are used to produce the best result for you.



New Zealand Society of Anaesthetists (Inc.)

To order leaflets please email
membership@anaesthesia.nz

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Your anaesthetist

A specialist anaesthetist is one of the most highly trained doctors in your hospital. After studying for their medical degree, they study for seven years before qualifying as a specialist anaesthetist. This training includes experience in all types of anaesthesia, intensive care, resuscitation and the treatment of pain.

Before your operation

To provide the best care, your anaesthetist requires information to plan the best anaesthetic for you. This may require you to attend a pre-admission clinic, or complete a questionnaire/telephone interview prior to your operation. The anaesthetist will want to know:

- if you have any medical conditions such as asthma, diabetes, heart disease or obstructive sleep apnoea
- how healthy you are, any recent illness and previous operations
- abnormal reactions to drugs and any allergies
- what drugs and supplements you are taking, including smoking and alcohol
- if you have any loose teeth, caps or dentures
- if you have any questions or preferences for your anaesthetic
- if any family member has had a problem with or a reaction to an anaesthetic

The anaesthetist/preoperative nurse will then arrange any tests or treatments you may need before an operation. We want you in the best possible shape for your operation. In some cases this may mean adjusting your medication with the help of your GP. If you are taking diabetic medications (including insulin), or drugs that thin your blood (including warfarin or Pradaxa) you will need special instructions. Otherwise take all of your tablets as usual on the day of surgery. If you are unsure what to do ask your anaesthetist/preoperative nurse to write the instructions down for you.

In general, the following are regarded as useful things to do before an anaesthetic:

- stop smoking
- if you are overweight try to reduce your weight
- ensure that long-term conditions, (such as high blood pressure, diabetes) are well controlled in consultation with your GP
- stop taking alternative or complementary health supplements a week before surgery unless prescribed by your GP

Dear anaesthetist,

When you discuss this leaflet with your patient, remove this sticker and put it on the patient's medical record. This will remind you and the patient that this leaflet has been provided. Some anaesthetists ask their patients to sign the sticker to confirm receipt of this leaflet.



On the day of surgery

Please follow instructions for the day of the operation carefully.

Food and drink

You should be given instructions by the hospital or the anaesthetist when to stop eating or drinking before the operation, **it is important to adhere to this**. If there is any food in your stomach it could get into your lungs while you are under an anaesthetic, damaging them. Usually the advice is to have no food or milk containing drinks within six hours of your operation, and to stop drinking water two hours prior.

Medications

Please bring all your medications with you on the day of your operation. Take your usual medications unless otherwise instructed with a sip of water on the day of your operation.



At the hospital

Your anaesthetist will meet you before your operation and will:

- **review your health and any previous anaesthetics**
- **discuss with you which types of anaesthetics can be used**
- **discuss with you the benefits, risks and your preferences**
- **decide with you which anaesthetic would be best for you**

Adhering to the Health and Disability Commission Code of Rights, you should receive all the information you require and be fully informed before having your surgery. Nothing will happen to you until you understand and agree with the anaesthetic planned for you. You have the right to refuse if you do not want the treatment suggested.

You will be asked to change into theatre clothes and (might) be given a "premed" before coming to the operating theatre. A "premed" is a tablet or tablets to relax you if you are nervous or to help with your pain relief after the operation.

In the operating theatre

You will be met by your anaesthetist and the theatre team, this includes an anaesthetic technician/anaesthesia assistant (to help the anaesthetist), two to three nursing staff, your surgeon and often a surgical assistant. They are all there to look after you! The team will 'sign you in' to theatre and will check with you to ensure your personal details are correct, and will confirm the type and site of surgery.

You will be attached to a specialised machine that monitors you continually throughout the operation and an intravenous infusion (drip) is placed in your arm. The monitors help the anaesthetist watch your heart, blood pressure, oxygen level and breathing during the operation making sure that you are as safe as possible. For some major operations you may need even more monitoring. This can include a plastic tube in an artery to watch your blood pressure more closely, and a special intravenous line into one of the major veins in your neck.

You may be asked to breathe on oxygen through a mask as you are anaesthetised, or during the operation under a regional anaesthetic; this provides extra safety.

Your anaesthetist stays with you for the whole operation checking you are comfortable and coping with the procedure. Their sole role is to look after you.



After your operation

You will wake up in the recovery room with an oxygen mask and some monitoring still connected to you. A specially trained nurse will check you are all right as you recover from your anaesthetic.

Day surgery – If you are going home on the day of your operation it is essential to have someone with you as the full effects of an anaesthetic may not wear off for 24 hours. For this reason you should not drive a car, drink alcohol, use dangerous equipment or sign any important documents for 24 hours after an anaesthetic. It is also important to remember that if you are using social media or your phone after an anaesthetic you need to be very mindful of what you post or send.

If you have an increase in pain or feel sick when you get home please contact the hospital for advice.

Going to the ward – Pain relief and fluids will have been charted by your anaesthetist and the nurses will follow these instructions to keep you comfortable.

Pain relief

When surgery has occurred the body's defence mechanism recognises damage, and begins the healing process. Without this inflammatory response, wounds would not heal and the body would not fight infections. Pain is one of the five signs of inflammation and some degree of pain is to be expected after surgery.

Anaesthetists are skilled in a range of methods to treat pain, to increase comfort and providing good pain relief is an important aspect of their jobs. From simple physical methods through tablets to advanced technical procedures, your anaesthetist will decide with you what is most suitable for you, based on the type of surgery you have had and your prior experiences of pain.

Some ways of giving pain relief include:

Pills, tablets or liquid 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 can be into a vein or muscle in your leg or buttock.

Suppositories - These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or might vomit.

Patient Controlled Analgesia (PCA or pain pump) - This is a method of using a machine to allow you to control your own pain relief. As you press the button the machine delivers a set amount of drug, usually morphine, into a tube in your vein. Your anaesthetist sets limits on the machine so you cannot overdose yourself. This method provides rapid pain relief when you need it.

Local anaesthetic and Regional Blocks - By numbing the area to be operated on, you the patient, can be very comfortable after your operation. However, this does involve advanced techniques that include injections around nerves. Whenever an anaesthetist numbs nerves there is a risk of damage to those nerves although this is very rare. Examples of regional blocks include spinals, epidurals and arm blocks.

Acute Pain Service - Most major hospitals have a "pain team" that involves nurses and anaesthetists that review your pain and pain relief after an operation. If you have pain you should ask for their help.

The choice of pain relief depends on:

- **the type of operation**
- **your physical condition**
- **your preferences and the reasons for them**
- **your anaesthetist's recommendations and the reasons for them**
- **the equipment, staff and other resources at your hospital**

Side effects, risks and complications

One of the aims of a modern anaesthetic is a pleasant awakening with your pain under control. Your anaesthetist will plan the safest anaesthetic for you and is specially trained to deal with any problems that arise, but always remember an anaesthetic is a major medical procedure. Like any other medical procedure there may be side effects and major complications. Risks are greater in the elderly and very young, but serious complications can occur in anyone regardless of age or fitness.



Each type of anaesthesia has different side effects, risks and benefits, and every patient reacts to, and tolerates anaesthesia differently. The risk you face will depend on your health and the operation you are having as well as personal factors, such as whether you smoke or are overweight.

Side effects

Some of the more common side effects include:

- **nausea and vomiting occur in approximately 1 in 10 patients** (like one person in a large family)
- **a sore throat**
- **a headache may occur**
- **some patients may get muscle aches**
- **elderly patients may get confused** (the inflammatory process contributes to this and if you or your family member are having problems with your memory discuss this before your anaesthetic)

Most side effects can be easily treated with medication.

Major complications

Anaesthesia is safer now than it has ever been, and is regarded as one of the safest medical interventions. However, major complications unfortunately do occur including the risk of dying. The chance of dying unexpectedly during anaesthesia if your age is less than 60 years, and you are fit and well is about 1 chance per 1,000,000 anaesthetics given. This could be thought of as one person in a city. If you are over 60 years the risk is higher, approximately 1 chance per 60,000 anaesthetics or one person in a large town.

Very rare complications include the possibility of:

- **a heart attack**
- **stroke**
- **major nerve damage**
- **major brain damage**
- **organ failure**
- **allergy**
- **awareness during a procedure**



The risk will be higher if you have serious heart or lung conditions. If you have any questions about your anaesthetic or risk please don't hesitate to ask.

The role of your anaesthetist is to ensure a safe and as pleasant experience for you as possible.

Public and private hospitals

In New Zealand, anaesthesia is always controlled by a specialist anaesthetist. This ensures the best safety for you as the patient. In public teaching hospitals you may be looked after by a registrar (trainee specialist anaesthetist). A registrar in anaesthesia is already a qualified doctor but while these doctors are training for their specialist qualification they are always under the supervision of a fully trained specialist anaesthetist.

In a private hospital your specialist anaesthetist will review your health with you, agree a plan for your anaesthetic and pain control, assure your wellbeing and safety throughout your surgery and visit you after the operation as needed.

Questions to ask when being treated in a private facility:

1. **If you are having a procedure under local anaesthetic or sedation, is there an anaesthetist available if you have an adverse event? If not, what training has the staff undertaken to ensure you have the best possible outcome?**
2. **If you have significant medical conditions and are having surgery, is there an area in the hospital where you can be closely monitored, e.g. High Dependency Unit?**
3. **What staff are immediately available in the hospital to care for you should you have an adverse event?**



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Cost of treatment

Your anaesthetist should advise you about costs of treatment, private health insurance and any out-of-pocket costs. This information is often given to you by your surgeon. You may want to ask for an estimate that lists likely costs and ask which costs can be claimed on private health insurance. As the course of actual treatment may differ from the proposed treatment, the final account may vary from the estimate. It is better to discuss costs with your anaesthetist before surgery rather than afterwards. If your surgery is covered by ACC then usually your anaesthetic costs are also covered. If you are receiving care in a public hospital and are a citizen or resident of New Zealand then your care will be free, but consult with your doctor if unsure.

Interpreter service

If you have trouble reading English, telephone the translation and interpreter service: **0800 744 735** or **09 276 0014**

ARABIC

إذا وجدتم صعوبة في قراءة الأنكليزية، اتصلوا بخدمة الترجمة الخطية والشفوية على الرقم التالي: 0800 744 735.

MANDARIN

如果您阅读英语有困难，请致电口译笔译服务处：
0800 744 735.

FIJIAN

Kevaka e dredre na nomu wiliika na vosa Vakavavalagi, qiria na tabana ni vei qaravi ni vakadewa vosa vakavavola se vakaveitalanoa, e na naba ni talevoni oqo: 0800 744 735.

KOREAN

영어를 이해하기 힘들 경우, 통역 서비스를 위해 다음 번호
0800 744 735 로 전화하시기 바랍니다.

MĀORI

Ki te uaua ki a koe te pānui i te reo Ingarahi, patua he waea ki te ratonga whakamārama ā-waha, ā-tuhituhi i te reo Māori: Anei te nama waea - 0800 744 735.

SAMOAN

'Āfai e faigatā lau faitau i le gagana fa'aperetānia, telefoni mai le 'ōfisa fa'aliliutusi ma fa'amatala'upu: 0800 744 735.

TONGAN

Kapau 'oku ta'emahino 'a ho'ou lau eni 'i he lea fakapapālangi, kātaki 'o telefoni ki he potungāue ko ia 'oku nau fai 'a e liliulea' mo e fakatonulea': 0800 744 735.

NIUEAN

Kaeke kua fai lekua a koe ke he totouaga he Vagahau Pelitānia ti matutaki atu ke he telefoni he matagahua fakaliliu mo e fakahokohoko: 0800 744 735.

VIETNAMESE

Nếu bạn có khó khăn đọc tiếng Anh, hãy điện thoại dịch vụ dịch và thông dịch: 0800 744 735.

Frequently asked questions

1. What about my health supplements?

e.g. vitamins and herbal remedies.

Always tell your anaesthetist about any vitamins, herbal remedies, homeopathic medications or supplements you are taking, as many of these **interact** with conventional drugs and anaesthetics. As a rule of thumb **do not take** non-prescribed medications for the week before **surgery** unless they have been discussed with your anaesthetist.

2. What if I have a cough and bring up mucus, can I still have my operation?

If it is a cough producing mucus (yellow or green spit) or you have a heavy cold and you suffer from asthma, you should tell your anaesthetist. If you have a slight cold and it is not affecting your breathing and you are not asthmatic then you will be able to have your operation.

3. Will I wake up during the surgery?

This is very unlikely in low risk surgery and for anaesthesia the risk of waking during the operation is around 1 in 15,000, that is one person in a small town.

Your anaesthetist stays with you the whole time and keeps giving you anaesthetic drugs until the surgeon has finished the operation. However, everyone needs different amounts of these drugs to ensure they are pain free and fully anaesthetised. This means your anaesthetist will be constantly checking you and balancing the risks to your health of more drugs with the length and type of operation. We now have special monitors available to watch the brain waves which can help the anaesthetists be more accurate with the level of drugs you as an individual need and where this is clinically indicated.

Questions you may wish to ask your anaesthetist

1. **Who will give my anaesthetic?**
2. **Do I have a choice of anaesthetic?**
3. **What type of anaesthetic do you recommend?**
4. **What are my risks with this anaesthetic?** (This question is very important if you or your relative are elderly or have significant medical problems)
5. **What are the effects on long term health and learning?** (This question relates to if your child is having an anaesthetic)
6. **How much will it cost for my anaesthetic?**

Sources for further information

The New Zealand Society of Anaesthetists | www.anaesthesia.nz

Health and Disability Commissioner | www.hdc.org.nz

The Australian and New Zealand College of Anaesthetists | www.anzca.edu.au

Association of Anaesthetists of Great Britain and Ireland | www.aagbi.org

Medsafe - how to report an adverse reaction |

www.medsafe.govt.nz/profs/PUArticles/ADRreport.htm

Centre for Adverse Reaction Monitoring | nzphvc.otago.ac.nz