

About your Anaesthetic



Your surgeon or hospital have asked me to be part of the team for your procedure and we hope you have a great experience.

There is some vital information over the page and I would like you to read all sections. When you have time to fully focus on the information, please carefully consider whether you have any questions or concerns you want to discuss with me.

Please don't take any sedative or psychotropic medication on the day that any discussions are due to take place, as this invalidates the consent process.

If you would like more information on anaesthetics, the best place to look is on the Royal College of Anaesthetists website, under the patient information tab: www.rcoa.ac.uk

For some more information on sedation, and my terms and conditions, please go to: www.sykessedation.com or contact me directly.

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For 24hrs after your anaesthetic please make sure you do the following:



- Have a responsible adult with you from the door of the hospital and do not drive yourself.
- Do not take risks, such as carrying or looking after children, making important decisions, or boiling hot water for tea. We are serious about having a responsible adult look after you for at least 24 hours.
- Are escorted on public transport and in taxis and are not a passenger on a motorcycle or bicycle.
- Have contact details of healthcare services in case of emergency.
- Get up and walk around as soon as you feel able, but make sure someone is with you for the first time to avoid a fall. This will reduce your chances of blood clots in the legs. Normal mobilization is sufficient but even some leg exercises in bed can help.
- Wear the compression stockings for one to two weeks after surgery as instructed.
- Have a light diet straight after an anaesthetic. Do not rush into eating lots.
- Have plenty of fluid, as this is useful to help you feel better more quickly but please avoid alcohol and strenuous activity
- Avoid smoking. This is important, as it affects wound healing after any operation.

Post operative instructions



We will make sure that you are well enough to leave hospital and understand all our instructions before you are discharged

In terms of painkillers and antibiotics, please take these regularly and as prescribed.

Each dose bumps up your blood levels, so after a few regular doses all these drugs work better.

No one likes taking medicines, but in our experience, you will be happier and get better quicker, if you do take them regularly just for a few days.

Feedback about your anaesthetic

This is always useful.

- How can I make your anaesthetic even better?
- Were you given enough information?
- Were all your questions answered?
- Did you feel well looked after?
- Were there any after-effects you were not expecting?

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Risks of Anaesthesia

A general anaesthetic is very safe. Universal monitoring, medical preassessment and good training have reduced the risk of general anaesthesia to about 1 in 100,000, the same as the risk of being knocked down by a car living in London for two years.

However, for most patients an anaesthetic is an unusual and worrying event.

There are a number of relatively common self-limiting side effects:

- Nausea, vomiting and feeling sick, especially in women and day case procedures
- Shivering in recovery
- Small bruises from the cannula or tube in your hand
- Muzziness, malaise or headache. This tends to occur in specific patients & with dehydration

Some issues may arise with specific anaesthetic procedures:

- Sore throat if you are intubated (a breathing tube in your throat)
- Urinary retention (temporary inability to pass urine and the need for a urinary catheter)
- Retained chest secretions with larger operations

Major complications are very rare and include:

- Airway difficulties – I will examine you to assess if this is likely, but they can arise unexpectedly
- Thromboembolism – clots in the legs or lungs. Minimised with stockings, boots and drugs
- Injury to the skin, nerves, eyes and joints We will protect and pad your skin when you are asleep.
- Allergies to drugs – minimised by taking an accurate history
- Damage to teeth – unlikely unless you have crowns or loose teeth
- Awareness – minimised by monitoring the brain where possible
- Confusion and delirium – mostly in patients over 70yrs and minimised by EEG monitoring and certain drugs
- Heart attacks and strokes – normally restricted to patients with previous illnesses
- Injury or emergency procedures to the lungs, windpipe and major vessels – very uncommon

Summary of topics to discuss prior to surgery:

1. Pre anaesthetic preparation for procedure
2. The anaesthetic including alternative forms appropriate for the procedure
3. Any regional or local nerve blocks, their benefits and risks
4. Any specific monitoring in addition to routine monitoring
5. Post anaesthetic care
6. Additional procedures
7. Potential Side effects
8. Specific risks related to the patient or the anaesthetic technique.

To prepare for this, please give careful thought to which of the risks outlined in this leaflet could cause particular problems to you or could affect your decision about whether, and when, to go ahead with your planned operation. Think about your job, your responsibilities in life and your hobbies, and let me know if any of the potential side effects or risks could impact on them. Please let me know if there is anything else that you would like to discuss before we start. Thank you