

General Anesthesia

Comox Valley Hospital Department of Anesthesia 2022

What is general anesthesia?

General anesthesia gives a state of controlled unconsciousness. It is essential for some operations and procedures. **You are unconscious and feel nothing.**

How is general anesthesia administered?

Preparation in surgical daycare (SDC):

- Your nurse will give you a hospital gown to wear.
- Your nurse will attach identity bands to your wrist or ankle and an additional band indicating allergy status
- Premedication is sometimes given before surgery and is ordered by your anesthesiologist or surgeon. Pre-medications prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax.
- A nurse will carry out a pregnancy test on a urine sample if you are of childbearing age. This is standard practice.
- You should remove jewelry and/or any decorative piercings. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin.
- Your nurse will start an intravenous cannula, a small plastic tube inserted in your vein with a needle. It is used to start most anesthetics in adults. All drugs can then be given into your veins using the cannula. If you have any concerns about this, please talk to your anesthesiologist and/or nurse.

On arrival in the operating room:

- A member of staff will wheel your stretcher or walk with you to the operating room.
- Routine checks called a “time out” will be done as you arrive in the operating room, before the anesthetic starts. You will be asked your name, your date of birth, the operation you are having, whether on the left or right side (if applicable), when you last ate or drank and if you have any allergies.

Starting the anesthetic (induction of anesthesia):

- The anesthesiologist or the assistant will attach EKG leads to measure your heart rate, apply a blood pressure cuff to your upper arm and place an oxygen saturation probe on your finger.
- Usually, you will be given a mask with oxygen flowing into it to breathe for 2 minutes prior to going to sleep.
- Medication will be administered through your intravenous (IV) into your vein that will make you unconscious (“send you to sleep”).
- In some cases anesthetic gasses are used to put patients to sleep using a mask and inserting the intravenous catheter once the patient is asleep.

During the procedure:

- Your anesthesiologist will remain with you to ensure you are asleep, safe, warm and comfortable throughout your procedure.

Waking up in the post-anesthetic recovery room (PARR):

- After the operation, you will usually be taken to the recovery room. Recovery staff will make sure you are as comfortable as possible and give any extra medication you may need.
- When they are satisfied that you have recovered safely from your anesthetic you will be sent back to surgical daycare if you are going home after surgery, or to your hospital room if you are to spend the night in hospital.

What are the risks of general anesthesia?

Your anesthesiologist will discuss with you the risks that they believe to be more significant for you.

VERY COMMON – MORE THAN 1 IN 10
Equivalent to one person in your family

 Sickness

 Shivering

 Thirst*

 Sore throat

 Bruising

 Temporary memory loss (mainly in over 60s)

COMMON – BETWEEN 1 IN 10 AND 1 IN 100
Equivalent to one person in a street

 Pain at the injection site*

 Minor lip or tongue injury

UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000
Equivalent to one person in a village

 Minor nerve injury

RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000
Equivalent to one person in a small town

 **1 in 1,000** Peripheral nerve damage that is permanent

 **1 in 2,800** Corneal abrasion (scratch on eye)

 **1 in 4,500** Damage to teeth requiring treatment

 **1 in 10,000** Anaphylaxis (severe allergic reaction to a drug)

VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE
Equivalent to one person in a large town



The risks we all take in normal life, such as road travel, are actually far higher than the risks below.

 **1 in 20,000** Awareness during an anaesthetic

 **1 in 100,000** Loss of vision

 **1 in 100,000** Death as a direct result of anaesthesia

How will my pain be managed?

Properly managing pain during and after surgery can be complicated.

Your **pain management plan will be personalized** to you and be discussed by your anesthesiologist and/or surgeon prior to and after surgery.

Options for pain management after surgery include oral medication, IV medication (injected into your intravenous catheter), nerve blocks (numbing an area of your body), local anesthetic at the incision (during the surgery) or epidural anesthesia.

Our goal is always to minimize pain, minimize side effects and minimize opioid pain medications (e.g. morphine) as much as possible.

How much pain should I expect?

- Generally, any operation or surgery **will result in some pain**. Some surgeries are more painful than others and some people have pain receptors that are heightened due to chronic pain syndromes or need to use opioid pain medication chronically.
- The aim is to have your **pain controlled so that when it is time to sleep you are able to and when it is time to mobilize (walk, do physio, move around in bed) that you are able to do that too.**

How should I manage my pain at home?

- You will only be discharged from the hospital when you are able to control your pain with **oral pain medications**.
- **Do not take over the counter pain medications unless you are instructed to.** Please ensure that you are clear which medications are safe for you.
- Only pain medications that are safe for you will be prescribed or recommended for managing your pain after surgery.
- Multiple different medications are used together. This is to reduce the risk of side effects.
- **Not all surgeries require prescription pain medications afterwards.**

- Acetaminophen (Tylenol) and Anti-inflammatories (like naproxen/ibuprofen/advil/Celebrex) generally have less side effects than opioids (like morphine) and are non-addictive. When you take acetaminophen and anti-inflammatories together you require less or even no opioids (like morphine) and that reduces your side effects.
- **Do not take acetaminophen or anti-inflammatories unless instructed to by your anesthesiologist or surgeon or nurse as they are not safe for everyone** and may interact with your prescription pain medication.

How should I manage my medication side effects:

1. Stomach upset:

- a. Opioid medications (Tyl No 3/Tramacet/tramadol/hydromorphone) commonly cause nausea and vomiting. Anti-inflammatory medications may cause abdominal pain or cramping.
- b. Ways to treat:
 - i. If you can, stop using the medication if it is making you feel sick. If you need it to adequately control your pain there are a few other options to try.
 - ii. Take your medication on a full stomach. Even if you feel sick, try having a few crackers or chips or a slice of toast prior to taking it.
 - iii. Try taking Gravol (dimenhydrinate) about 20 mins before taking the medication, or take it when you feel sick. Use the dose written on the box of medication.
 - iv. Call your surgeon's office for other options.
 - v. Come to the emergency department if you are unable to keep fluids down and you are feeling unwell, have decreased urination and or dizziness.

2. Constipation:

- a. Opioid medications like Tylenol No 3, Tramacet, tramadol and hydromorphone almost always cause constipation.
- b. Ways to treat:
 - i. Use an over the counter (no prescription needed) stool softener like Restorolax (PEG) 17g daily while you are using these medicines to help prevent and treat constipation.
 - ii. Drink lots of fluids and eat a diet high in fiber.
 - iii. Minimize the opioid pain relievers (Tramacet/hydromorphone) that you use by taking acetaminophen or NSAIDs if appropriate.

3. Drowsiness:

- a. Do not use alcohol, drugs, or sleeping pills if you are using opioid medication.
- b. Do not drive, operate machinery, or sign any legal documents.
- c. If you have sleep apnea, wear your CPAP machine while you are sleeping even during daytime naps.
- d. Minimize the opioid pain relievers by taking acetaminophen and anti-inflammatories if appropriate.

How long will the anesthetic medication affect me?

Most patients are awake between 5 and 10 minutes after the procedure is completed, while you are still in the operating room. Most people don't start to form memories and wake up completely until they are in the post-anesthetic recovery room (PARR). You will likely feel tired for the rest of the day and over the next day or two you will start to return to normal energy levels.

After having an anesthetic you may not be able to think clearly and your judgment may be affected for up to 24hrs. During this time, you should:

- NOT be responsible for children or other people in your care
- NOT drive a vehicle or ride a bicycle
- NOT cook or use any machinery
- NOT drink alcohol.
- NOT make any important decisions, even if you think you feel okay

Disclaimer:

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose.

References:

Fifth Edition, February 2020

© 2020 Royal College of Anaesthetists