

## After your procedure

You will be transferred to the Recovery Room at the completion of your procedure. Staff there will continue to monitor you carefully, and make sure that you are as comfortable as possible.

If you are being discharged on the day of your procedure, you will be given written instructions and a prescription for other medications (if required) to take home with you.

You may continue to feel drowsy for up to a day after your anaesthetic, so it is important that there is another adult that can take you home and stay with you overnight. If you have been prescribed pain relief, take it as directed.

It is important to remember that you shouldn't drive a car or make important decisions for 24 hours.

Seek medical attention from your GP or the hospital's Emergency Department (03 9288 4364) if you have pain that you can't control, have continued nausea or vomiting, or have any unexpected bleeding.

## More Information

For more information, ask for a copy of the following brochures:

- Managing your pain
  - Spinals, epidurals and nerve blocks
- or refer to [www.anzca.edu.au/patients](http://www.anzca.edu.au/patients)

Remember, you will see your anaesthetist before your procedure and you can ask any questions that you may have. If you have a serious issue that you want to raise with your anaesthetist before your procedure, you can contact the Department of Anaesthesia on 03 9288 4253 during office hours or ask at your pre-admission clinic appointment.

We would like to hear from you if you have feedback, queries or complaints after your anaesthetic. Please contact the Department of Anaesthesia on the number above or email us at [anaesthesia@svhm.org.au](mailto:anaesthesia@svhm.org.au)



# About your anaesthetic

Information for patients

## Anaesthetists

Your anaesthetist is a Specialist medical doctor who has had extensive training in anaesthesia, pain control, resuscitation and management of medical emergencies. He or she will look after you during your procedure by:

- finding out about your health and planning the best care
- staying with you, administering the appropriate type of anaesthesia and monitoring you during your procedure
- making sure you are as comfortable as possible during and after your procedure.

## Before your procedure

Anything that makes you healthier will reduce the chance of having problems from your procedure. Some things that you can do:

- Stop smoking for at least six weeks before the procedure. Smoking causes many short and long term problems which affect anaesthetics. Irritation of the airways, swelling and breathing problems are much more common in smokers. Even stopping for just 24 hours before your procedure reduces your risk of problems. Please see your GP for ways to help you quit.

- Improve your health by doing regular sensible exercise such as walking.
- See your GP about any long-standing medical conditions, such as diabetes, asthma and high blood pressure, to make sure they are as well controlled as possible.

## On the day of surgery

If you are on blood thinners and diabetic medications, please discuss these with your doctors. Otherwise, please take all your usual medications. For your safety, it is very important to follow our fasting guidelines to ensure your stomach is empty prior to the procedure. This means no eating, drinking or chewing anything (including chewing gum) for at least six hours before your procedure. Small sips of water may be taken up to two hours before the procedure. Please ask a member of staff if you have any questions.

You will see your anaesthetist before your procedure and you can ask any questions that you may have.

## Types of anaesthetics

Anaesthesia stops you feeling pain and other sensations. There are different types of anaesthetics and they do not always make you unconscious. Types of anaesthetics include:

- **General anaesthetic** – commonly called ‘going to sleep’, is actually a state of controlled unconsciousness delivered and monitored by your anaesthetist. This is usually done by injecting medications through a drip in a vein. While you are unaware of what is happening around you, your anaesthetist monitors you closely and is constantly adjusting the level of anaesthesia.
- **Regional anaesthetic/ nerve block** – numbs the part of the body where you are having your procedure with an injection of local anaesthetic near a nerve. You may be awake or sedated. Examples of regional anaesthetic or nerve blocks include a spinal, where you are numb from the waist down, or an ‘arm block’, where your arm is numb.
- **Local anaesthetic** – numbs just the site of your procedure. You will be awake but should not feel any discomfort. One example of local anaesthetic is the injection given under the skin by a doctor to remove a mole.

- **Sedation** – involves giving medications that make you relaxed and drowsy. This is often used for procedures such as gastroscopy and colonoscopy. This may also be used in combination with regional or local anaesthetics.

The type of anaesthetic that you will receive depends on your health, the type of surgery, and the answers to the questions you have been asked. Your anaesthetist will discuss with you the type of anaesthetic that is best for you.

## Side effects of anaesthetics

Anaesthesia at St Vincent's Hospital has a long track record of safety and excellence.

Medical conditions, smoking, obesity and increasing age are associated with increased anaesthetic problems. Some common side effects include nausea and vomiting, bruising, drowsiness, sore throat, hoarse voice and headache. Other less common complications include dental damages, lip or tongue injury and confusion for the elderly.

Some extremely rare but very serious complications include: remembering parts of the procedure (when having a general anaesthetic), seizure, severe allergic reaction, nerve damage, heart attack, stroke and death.