مبادلة للرعاية الصحية
Mubadala Health

ANESTHESIA & SEDATION

General Anesthesia

A general anesthetic gives a state of controlled unconsciousness. This is like being asleep and you do not feel any pain.

For all anesthetics, you are attached to monitors to measure your heart rate, blood pressure and oxygen levels.

HOW THE ANESTHETIC IS GIVEN

Before you have an anesthetic, we usually give you pure oxygen with a plastic mask. We inject the general anesthetic medicines through a thin plastic tube (called cannula) into a vein in the back of your hand or arm. The anesthetist tells you when you will be given the anesthetic. You become unconscious within a minute or so. Once your anesthetist has confirmed that you are unconscious, a breathing tube will gently be put in your mouth. The anesthetist will then continue to give you drugs through your cannula or anesthetic gases in your breathing tube (or both) to keep you anest-hetised (unconscious).

DURING YOUR OPERATION

When the anesthetist is satisfied that your condition is stable, you are taken into the operating theatre. Throughout your anesthetic and operation, the theatre staff look after you and treat you with care and dignity.

AFTER YOUR OPERATION

Waking up

When your operation has finished, the anesthetist stops giving you the anesthetic medicine and you start to wake up. When we are certain that you are recovering normally, we take you to the recovery room. You usually wake up in the recovery room. Nurses monitor you until you are fully awake. We give you oxygen through a plastic mask that covers your nose and mouth. If you are in pain or feel sick, tell the nurses so they can give you treatment for this.

Eating and drinking after surgery

How long before you can start to eat or drink depends on the type of operation you have. After mi-nor surgery, you might be able to eat and drink when you feel ready. Even after major surgery, you might feel like sitting up and having something to eat or drink within an hour of regaining con-sciousness. Ask the doctors or nurses if you are not sure.

Leaving the hospital

When the nurses are satisfied that you have recovered from your anesthetic, you can leave the hospital by car or taxi, accompanied of someone remaining with you overnight.

Side effects and complications

Today, it is very safe to have an anesthetic. Serious problems are uncommon.

Your anesthetist uses special equipment to monitor you closely throughout your operation. Howev-er, there are still risks involved and some people might have side effects or complications.

- **Side effects** are secondary effects of medicines or treatment. They are often expected but sometimes cannot be avoided. Side effects of a general anaesthetic can sometimes include feeling sick or having a sore throat after an operation. They usually only last for a short time and can be treated with medicines if needed.
- **Complications** are unexpected and unwanted events because of treatment. An example would be damage to teeth, which happens very rarely. The risk of complications depends on your medical condition, the type of surgery you have and the anesthetic used.

If your procedure has specific risks, we will explain these before your operation or treatment.

VERY COMMON (1 IN 10) TO COMMON (1 IN 100)

Feeling and being sick (nausea and vomiting), headache, feeling sleepy (drowsy), feeling dizzy, blurred vision	They might be due to the effects of medicines used, the surgery or a lack of fluids. These side effects usually get better within a few hours. We can give you medicines or fluids to treat the problems.
Sore throat	You might have a sore throat if a tube is put in your airway, or an airway device is used to help you breathe freely during the anesthetic. These symptoms are usually mild and often get better without treatment.

Feeling and being sick (nausea and vomiting), headache, feeling sleepy (drowsy), feeling dizzy, blurred vision	They might be due to the effects of medicines used, the surgery or a lack of fluids. These side effects usually get better within a few hours. We can give you medicines or fluids to treat the problems.
Damage to lips or tongue	Minor damage to the lips or tongue is common.
Shivering	This might be due to you becoming cold during the operation, some of the medicines you have been given, or anxiety. We give you a hot-air blanket to warm up your body and oxygen until you stop shivering.
Itching	This can be a side effect of opioid painkillers (such as morphine). It can be treated with other medicines.
Bruising and soreness	This can happen around injection and drip sites. It normally settles without treatment. If the area becomes uncomfortable, we can change the position of the drip.
Aches, pains and backache	During your operation, you might lie in the same position on a firm table for a long time. We take great care to position you, but some people still feel uncomfortable afterwards.
Injection site pain	Some medicines might cause pain or discomfort when they are injected.
Confusion or memory loss	This is common among older people who have an operation under general anesthetic. Confusion or memory loss might have several causes. It is usually temporary but can sometimes be permanent.
Chest infection	This is more likely to happen after major tummy (abdomen) or chest surgery, or to people who smoke, are overweight or are older. This is one of the reasons why it is important to give up smoking and lose weight before surgery. Tell us if you would like to see one of our expert smoking-cessation nurses.
Bladder problems	After some types of operations and after having a regional anesthesic, men may find it difficult to urinate and women may leak urine. To prevent these problems, we might put in a urinary catheter. This is a flexible tube used to empty the bladder and collect urine in a drainage bag.
Muscle pains	You may have sore or painful muscles if you have been given a medicine called suxamethonium. This medicine is mainly used for emergency surgery when your stomach might not be empty.

UNCOMMON (1 IN 1,000)

Damage to teeth	Damage to your teeth is uncommon, but might happen as your anesthetist places a breathing tube in your airway. It is more likely if you have weak teeth, a small mouth or jaw, or a stiff neck.
Breathing difficulties	Some pain medicines can cause slow breathing or make you feel sleepy (drowsy) after the surgery. If muscle relaxants are still having an effect, the breathing muscles might be weak. We can treat these effects with other medicines. We monitor you closely for this problem.
An existing medical condition getting worse	Your anesthetist always makes sure that you are as fit as possible before your surgery. However, if you've had a heart attack or stroke, it is possible that this might happen again, just as it might even without surgery. Other conditions, such as diabetes or high blood pressure, also need to be closely monitored and treated.

RARE (1 IN 10,000) OR VERY RARE (1 IN 100,000)

Damage to the eyes	Anesthetists take great care to protect your eyes. Your eyes might be held closed with sticky (adhesive) tape, which is removed before you wake up. Sometimes the surface of the eye gets damaged from contact, pressure or exposure of the cornea (the transparent front part). This is usually temporary and is treated with drops. Serious and permanent loss of vision can happen but it is very rare.
Serious allergy to medicines	Allergic reactions are noticed and treated very quickly. Very rarely, these reactions lead to death even in healthy people. Your anesthetist asks whether you or anyone in your family has any allergies. You might be referred to the allergy clinic before your planned surgery.
Nerve damage	When you have a regional anesthetic, the needle might cause nerve damage (paralysis or numbness). Regional anesthesia consists of infiltrating a peripheral nerve with an anesthetic agent and blocking transmission to avoid or relieve pain. Pressure on a nerve during an operation can also cause nerve damage. The risk of nerve damage depends on the type of anesthetic you have, but is usually rare or very rare. Most nerve damage is temporary but it can sometimes be permanent.
Brain damage and death	It is extremely rare for brain damage or death to be due to anesthesia. On average, 5 people die for every million anesthetics given, but these people are likely to be having complex or emergency surgery, suffer severe complications, or have poor underlying health.
Equipment failure	We test equipment regularly and monitors give us an instant warning of any problems. We have immediate access to backup equipment.

More information

If you have any questions or concerns, please contact Mubadala Health on: **800 77**