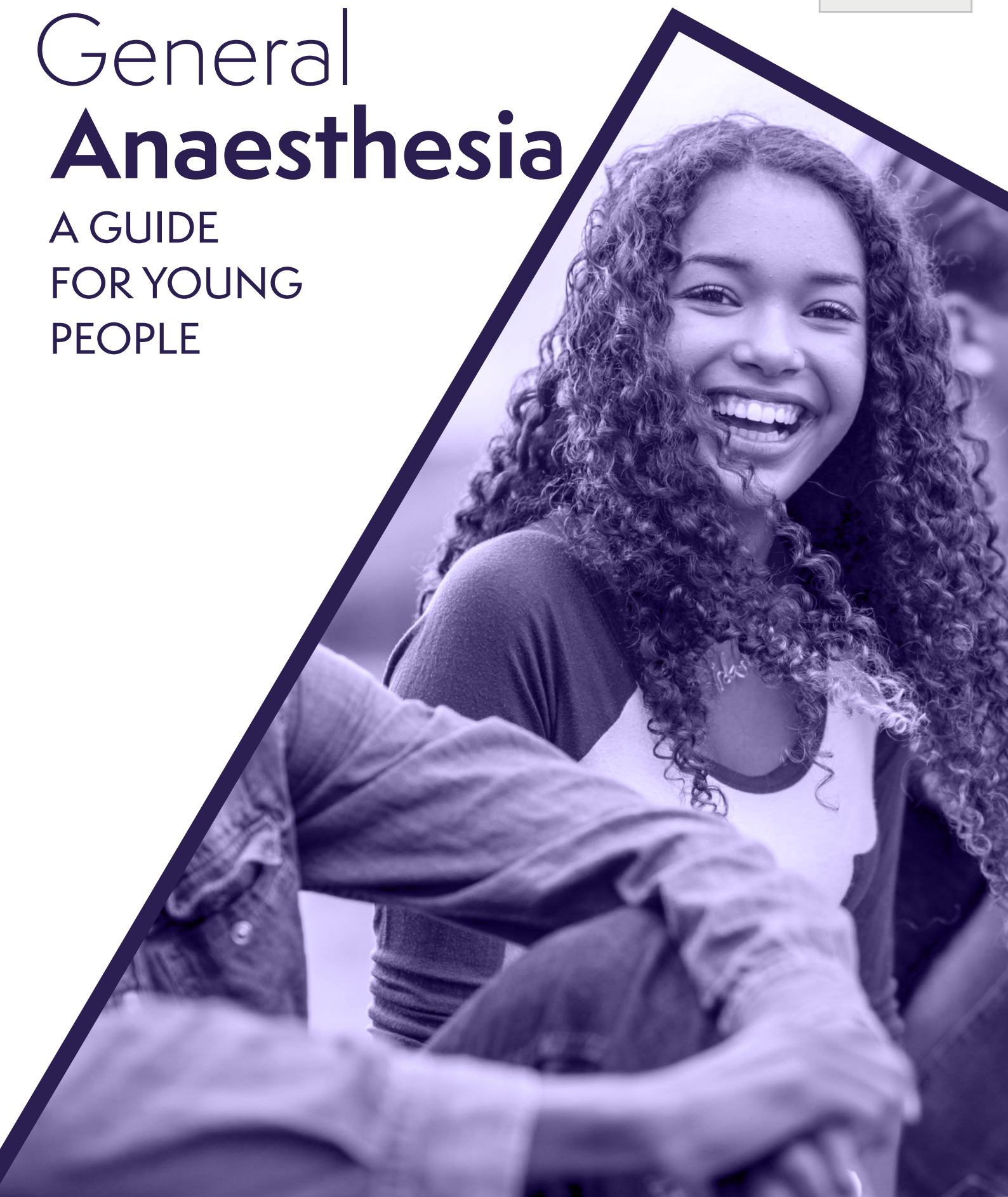


General Anaesthesia

A GUIDE
FOR YOUNG
PEOPLE



General anaesthesia

General anaesthesia is when your anaesthetist uses a medicine (or sometimes anaesthetic gas) that gives a deep sleep-like state, during which you can't see, hear or feel anything. This means that you are unconscious and you cannot wake up until the anaesthetic wears off. General anaesthesia is essential for many medical procedures including operations (surgery) and some medical tests.

Anaesthesia team

Anaesthetists are doctors who have had specialist training in using anaesthetic drugs to keep people comfortable and safe while they have surgery and/or tests. You and your parent or carer will meet an anaesthetist before your procedure. They will agree a plan with you for your anaesthetic and pain relief after the procedure. They will be happy to answer any questions that you have. Other staff members will assist the anaesthetist during the operation or test, for example, anaesthesia associates, operating department practitioners (sometimes called ODPs) and theatre nurses.

You might also be invited to a preoperative assessment clinic a few weeks or days before the procedure. Here a nurse will ask questions about your health and arrange any tests that might be needed. This is another opportunity to ask any questions which you and your parent or carer might have.

Consent

The anaesthetist will work with you and your parent or carer to agree a plan for your care. Nothing will happen to you until the plan has been discussed and agreed. You may ask as many questions as you like so that you understand everything that is happening and 'consent' (agree) to the plan. Either you or your parent or carer will sign a consent document once you are happy with the proposed plan for your care. Your parent or carer will need to consent for your surgery if you are not old enough to sign your own consent form. As you get older you will be able to have a greater say in these decisions.

You can read more about consent for children and young people below:

- England: <https://bit.ly/NHS-consent>
- Scotland: <https://bit.ly/NHSinform-consent>.



Getting ready for your anaesthetic

Your health

- You need to be as healthy as possible before having an anaesthetic. Making healthy lifestyle changes before you have an anaesthetic will help you recover more quickly.
- If you can, in the six weeks before your operation, try to avoid breathing in other people's cigarette smoke or vaping. It's also important that you don't smoke or vape yourself. Perhaps consider asking anyone with whom you live and who smokes or vapes to do so outside during this time. Quitting or cutting down shortly before surgery can reduce your length of stay in hospital and improve wound healing and lung function.
- You should not drink alcohol in the days and weeks before surgery. Too much alcohol can cause your liver not to work properly and slow down your healing and recovery.
- For your own safety, your anaesthetist needs to know whether you are on the contraceptive pill or you take any recreational drugs or supplements of any kind.
- When the anaesthetist asks you questions about smoking, drinking and taking drugs, please do be honest in your answers. We know it may be awkward to discuss these issues, so, if you would prefer that your parent or carer not be present, you can ask to speak to the anaesthetist alone. Being honest does not mean that you will get in trouble!
- If you're having surgery, you should also consider looking at your diet and your fitness levels. You can use the time while waiting for the operation to get yourself in the best shape possible, so that you can recover and go back to normal more quickly. You can find out more information about preparing for surgery here: rcoa.ac.uk/fitterbettersooner.
- If you have any long-term medical problems that are not well controlled, you or your parent or carer should contact your GP or specialist before the date of your surgery and tell them that you are due to have an anaesthetic. You can then talk to them about what steps you and your anaesthetist need to take for you to be as safe as possible during your time in hospital.
- Bring any medicines that you take on a regular basis with you to the hospital. The staff at the hospital will tell you if you need to stop taking them.
- If possible, find out information about any allergies or any family members who have had a reaction to anaesthetics, so that you can tell your anaesthetist.
- It is normal to do a pregnancy test for any girl who has started her periods or over the age of 12 by testing a urine sample. This is because pregnancy, even early pregnancy, can affect the way some anaesthetics work, so the anaesthetist needs to know about this. Some treatments and tests can also harm an unborn baby. The doctors and nurses understand that this can be a sensitive issue to discuss, so the safest and fairest way is to test everyone. The staff at the hospital are used to doing these tests very quickly and very discreetly. More information can be found here: <https://flipbooks.leedsth.nhs.uk/LN005583.pdf>.

Eating and drinking before your anaesthetic

- The hospital should give you clear instructions about when you should stop eating and drinking before your procedure.
- It is important for your safety to follow these instructions. If there is food or too much liquid in your stomach during your anaesthetic, it could come up into the back of your throat and then go into your lungs. This can cause choking or serious damage to your lungs. You will usually be encouraged to drink smaller amounts of clear fluid (usually water or dilute squash) – this is safe until closer to the time of your anaesthetic.

Clothing

- Wear something loose and comfortable that is easy to wash afterwards. Avoid wearing new or valuable clothes to come to hospital.
- Ask if you need to bring pyjamas, slippers and/or a dressing gown.
- Bring something to change into for going home.
- You may be asked to wear a hospital gown.

- Usually you can keep on most of your underwear when you go to the theatre, including a bra if it doesn't have metal underwiring, but check with your nurse. Underwear may sometimes need to be removed during the operation or test.
- Occasionally, the surgeon may shave some hair from the surgical area, but they will usually tell you beforehand if this will happen.
- You may be asked to put on knee-length elasticated socks before your operation. These help to keep the blood moving around your legs well to prevent blood clots.

Jewellery and make-up

- Please leave any jewellery and decorative piercings at home if possible. If you cannot remove your jewellery, it should be possible to cover it with tape to prevent damage to it or your skin.
- Please avoid wearing make-up, false eyelashes and any type of nail decorations (false nails, gels, acrylics, nail polish, etc). False eyelashes can damage your eyes while you are asleep and nail decorations can stop monitoring equipment from working properly. These may need to be removed by hospital staff and delay your treatment.

Filling the time

- There is often a lot of waiting around.
- Bring something to do (for example, a book, a magazine or your mobile phone). Please remember to bring your headphones and chargers.
- Please remember not to smoke or chew gum during this waiting time, and to carefully follow the guidelines on eating and drinking.



Having an anaesthetic

- Your anaesthetist will often start your anaesthetic in a room next to the operating theatre, called the anaesthetic room. Sometimes it may happen in the room where the operation or test will take place.
- Your anaesthetist will usually start your anaesthetic by giving you some medication through a cannula (see below for more information on this). Less commonly, they will ask you to breathe in a gas that smells a bit like felt-tip pens. Your anaesthetist will discuss the method that is best for you with you and your parent or carer.
- Giving the medication through your cannula is the quickest way to anaesthetise you. If you breathe the gas, you will have a cannula put in once you are asleep, so that the anaesthetist can give you more anaesthetic, painkillers or other medicines and fluids during your procedure. Either method might make you feel light-headed (woozy) before you go off to sleep.
- If you want, your parent or carer may be able to stay with you until you are asleep. After that, they can wait for you in a waiting room or on the ward. Alternatively, a nurse will stay with you while the anaesthetic is starting to work.
- You may be offered a numbing cream or a special cold spray for the back of your hand to reduce any discomfort when the cannula is put in.
- A fine needle is used to put the cannula in, then the needle is removed straight away.
- Once the cannula is in place, your medicines can be given through it without using any more needles. Sometimes this can cause a bit of coldness, tingling or mild discomfort.
- Your cannula is usually left in place after the operation in case you need painkillers, fluids or other medicines later.

During the anaesthetic

- An anaesthetist will stay with you all the time.
- The anaesthetist's job is to keep you safe and give you enough anaesthetic and pain relief to keep you asleep until the operation is over.
- The anaesthetist monitors you very closely throughout the operation (including your blood pressure, heart rate and breathing).

Cannula

- A cannula is a thin, flexible, plastic tube that is put into a vein, usually on the back of your hand.



Waking up afterwards



- Operations and tests all take different lengths of time, but, as soon as the procedure is finished, the anaesthetist will stop giving you the anaesthetic drugs. This will allow you to wake up about five minutes later.
- You will probably wake up in the recovery room, but you may not remember the first few minutes or realise exactly where you are. A trained member of the theatre team, usually a recovery nurse, will be looking after you.
- How you feel afterwards will depend on the type of procedure and anaesthetic that you have had. Some people may have a sore or dry throat or a headache, or feel a bit sleepy. Your anaesthetist will usually give you medicine to prevent you feeling or being sick, but you will also feel better after you drink or eat something. Sometimes you may feel a little cold or shivery. If so, you will be offered a blanket to warm you.

- It is easier to treat pain before it gets bad, so you should ask your recovery nurse or anaesthetist for help whenever you start to feel uncomfortable, rather than waiting until it gets worse.

Back on the ward

- You may feel very tired at first.
- If you have any problems, let someone know so that they can help. You may have to press a buzzer or ask your parent or carer to find a nurse for you.
- How soon you can eat and drink again will depend on the type of procedure and painkillers that you have had. Your nurse or anaesthetist will be able to advise you.
- You will stay in hospital until it is safe for you to go home. For many procedures, you can go home on the same day if you are usually healthy and the procedure is straightforward.

Treating pain

- It is important to prevent and treat pain, and some people (and some types of operation) need more pain relief than others.



Risks associated with anaesthesia

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. The anaesthetist will discuss with you and your parent or carer the risks that they believe to be more significant for you. You can read more detail about risks associated with anaesthesia here: rcoa.ac.uk/patientinfo/risk.

Local and regional anaesthesia

- Sometimes you can choose to stay awake during your surgery. If this is a possibility, your surgeon and/or anaesthetist will discuss it with you and your parent or carer. In that case, you can have injections of local anaesthetic to numb a part of your body, so that you don't feel pain there.
- If you think that you might like to stay awake, you could discuss this at your preassessment.

If you want to find out more

- You can get more information at: rcoa.ac.uk/patientinfo.
- There are also videos and leaflets for children and younger people at: rcoa.ac.uk/childrensinfo.

Questions you might like to ask

This section is for you to write down any questions that you might have or any concerns that you want to discuss with the staff at the hospital:

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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. For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged as these tend to be low quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website: rcoa.ac.uk/childrensinfo.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey at: rcoa.ac.uk/patientinfo/yp-guide#tell-us or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: patientinformation@rcoa.ac.uk.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.



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