

HAVING A GENERAL ANAESTHETIC

Going To Sleep for an Abdominal Operation

Patient Information

Introduction

This booklet gives you information about having a general anaesthetic for an abdominal operation.

What is an anaesthetic?

An anaesthetic stops you feeling pain or unpleasant sensations during your operation.

There are different types of anaesthetic;

LOCAL ANAESTHETIC

An injection which numbs a small part of your body to stop you feeling pain.

REGIONAL ANAESTHETIC

An injection which numbs a larger part of your body. Examples include a **spinal**, an **epidural** or a **nerve block**. Regional anaesthesia does not make you unconscious but does stop you feeling pain. You may still be aware of pressure sensations.

GENERAL ANAESTHETIC

A state of controlled unconsciousness. You will not be aware of anything during your operation and will feel no pain or other sensations.

Which Anaesthetic will I have?

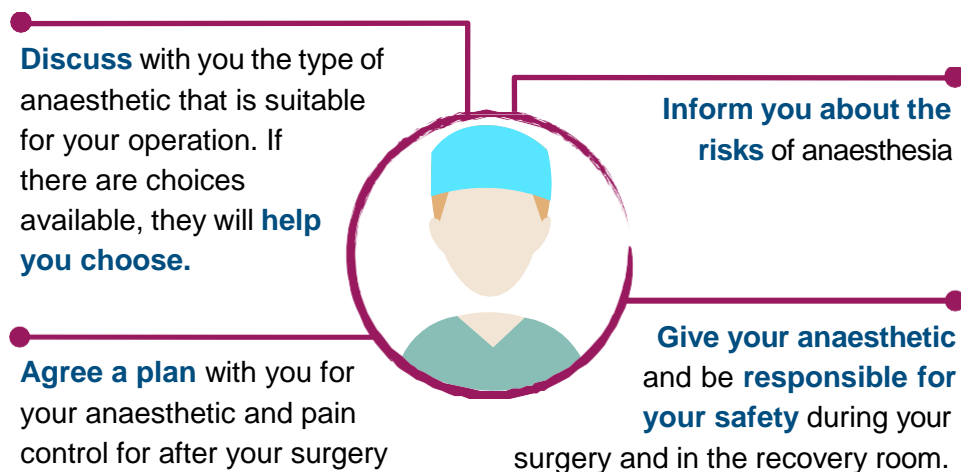
If you are having an **abdominal operation**, you will almost always **require a general anaesthetic**.

You may also be offered a spinal or epidural as part of your anaesthetic to help with pain relief after surgery. You will be given these while you are awake, before the general anaesthetic is given. The NHS Lothian '**Pain Relief After Surgery**' booklet has more information.

Anaesthetists

Anaesthetists are doctors who are specially trained to deliver your anaesthetic.

What does an anaesthetist do?



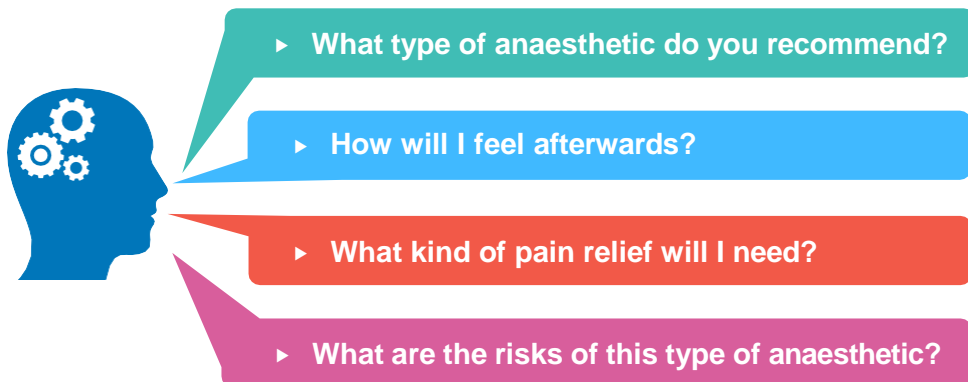
Meeting your anaesthetist

Your anaesthetist will meet you before the operation. Most commonly, this is on the morning before your surgery.

They will **discuss the options with you**, including benefits, risks and your preferences. They will decide, **along with you**, which anaesthetic would be best for you, once you have had the chance to ask any questions.

Questions

If you have questions about your anaesthetic, write them down and bring them with you to your pre-assessment appointment or on the day of surgery.



Preparing for an Anaesthetic

The NHS Lothian '**Fit for Surgery**' booklet explains what steps you can take to prepare your body for an operation and an anaesthetic.

Can I Eat and Drink before my Anaesthetic?

At your pre-assessment appointment you will be given clear instructions about when to stop eating and drinking before your operation. These instructions are important.

If there is **food or liquid in your stomach during your anaesthetic**, it could come up into your throat and lungs and **endanger your life**.

The NHS Lothian '**Day of Surgery**' booklet explains what to do on the day before and on the morning of your surgery.

What You Will Experience

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant.

Staff will attach wires to your finger, arm and chest to measure your heart rate, blood pressure and oxygen levels.

A cannula, which is a small plastic tube, is inserted into one of the veins in the back of your hand or your arm using a needle. If you have any concerns about this, please talk to your anaesthetist.

There are two ways of starting a general anaesthetic:

1. Injection through a Cannula



Anaesthetic drugs are injected into a vein through the cannula. This is the method used for most adults as it is the most controlled. Before the anaesthetic starts you will breathe oxygen through a mask.

2. Breathing Anaesthetic Gas through a Mask

You can breathe anaesthetic gases and oxygen through a mask. The mask can be held by you or by the anaesthetist. After you are unconscious your anaesthetist will put a cannula into one of your veins.



The Recovery Room

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 you any extra medication you may need. When they are satisfied that you have recovered safely from your anaesthetic, and there is a bed available, you will be taken back to the ward.

Risks of an Anaesthetic

Modern anaesthetics are very safe. There are some common effects from the anaesthetic drugs, or the equipment used, which are usually not serious or long lasting.

Risks will vary between individuals and will depend on the procedure and anaesthetic technique used. Your anaesthetist will discuss the risks they believe to be more significant for you.

Very Common (More than 1 in 10)

Equivalent to 1 person in your family.



Sickness



Shivering



Sore throat



Thirst



Bruising



Temporary
memory loss

Common (Between 1 in 10 and 1 in 100)

Equivalent to 1 person in a street.



Minor tongue or lip injury



Pain at the injection site

Uncommon (Between 1 in 100 and in 1 in 1,000)

Equivalent to 1 person in a village.



Minor Nerve Injury -
causing altered sensation

Rare (Between 1 in 1,000 and 1 in 10,000)

Equivalent to 1 person in a small town.



Permanent
Nerve Damage
1 in 1,000



Corneal Abrasion
(scratch on the eye)
1 in 2,800



Dental
damage
1 in 4,500



Anaphylaxis (severe
allergic reaction)
1 in 10,000

Very Rare (Between 1 in 10,000 and in 1 in 100,000)

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



Awareness during
Anaesthetic
1 in 20,000



Loss of vision
1 in 100,000



Death directly
due to anaesthesia
1 in 100,000

Research

NHS Lothian is committed to supporting clinical research. If you are eligible for any research studies, someone from the research team may contact you with information that you can read. If you do not wish to take part in any research, this will not affect your clinical care in any way.

More Information

A video accompanying this booklet is available on the NHS Lothian website:



[NHS Lothian General Anaesthesia](#)

The Royal College of Anaesthetists has produced a guide called '**You and Your Anaesthetic**' which also provides excellent advice:



Search: '**RCoA Your Anaesthetic**'

Other booklets available in this series include;

- 1** FIT FOR SURGERY
- 3** DAY OF SURGERY
- 4** GETTING GOING AFTER SURGERY
- 5** PAIN RELIEF AFTER SURGERY
- 6** GOING HOME AFTER SURGERY

This publication includes text taken from the Royal College of Anaesthetists' (RCoA) leaflet '*You and Your Anaesthetic (2020)*' but the RCoA has not reviewed this as a whole.