

Anaesthesia:

Admission to Hospital

Patients are typically admitted on the day of the surgery.

Patients will not have anything to eat or drink for 6 hours prior, to the operation start time.

Once in hospital, they will be made to feel comfortable by the nursing staff and assessed further by the consultant anaesthetist.

The specifics of the type of anaesthetic to be used will be discussed by the Anaesthetist.

The patient will see Mr Ali again, to discuss the forthcoming operation, so that they can have a clear understanding of the operation and informed consent will be obtained.

Anaesthetic Types

There are 2 main types of anaesthetic performed. They are:

- 1) General Anaesthetic – nerve block may be used to augment pain relief
- 2) Regional Anaesthetics – Spinal or epidural anaesthetic.

Sometimes you may receive a combination of these.

1) General Anaesthetic

If you have a general anaesthetic, you will be asleep throughout your operation. You will be given drugs to keep you asleep and also strong pain killers. A general anaesthetic can be used for any length of operation – from a few minutes to many hours. When the operation is finished, you will wake after about 5-10 minutes, although you may not remember much for the first half hour. The anaesthetist monitors you throughout this period.

Advantages:

- You are completely unaware of anything at all during the operation.

Disadvantages and Side Effects:

- The anaesthetic itself does not provide any pain relief for after the operation. You will therefore need strong painkillers. These sometimes make people feel sick or drowsy.
- Some people develop a sore throat and dry mouth for a few hours after the operation
- Sometimes you can feel or even be sick. This is more common if you have suffered from it before, so please tell your anaesthetist if it has been a problem. There are medicines available to treat sickness should it occur.
- Older people may become confused and forgetful, but this is usually temporary
- Although uncommon, it is possible to damage your lips, gums or teeth (particularly caps, crowns and bridgework)

2) Spinal Anaesthetic/ Epidural

A fine needle is used to inject local anaesthetic around the nerves at the base of your

back. This will make you go numb from about the tummy-button downwards. Your legs will go very heavy (in fact you may not be able to move them at all for a few hours).

Advantages:

- You will need less strong pain killers in the first few hours after the operation
- You are less likely to be sick or drowsy. This means you should be able to eat and drink much sooner
- You can be given sedation during the operation, which means that you will be drowsy but could be awakened. Some people like to listen to music through headphones, whilst others just catch up on some sleep
- You are less likely to suffer a blood clot in your legs or your lungs
- There may be less bleeding, and you may be less likely to need a blood transfusion
- If you suffer from any chest diseases you may have fewer problems with your breathing

Disadvantages and Complications:

- Sometimes it is not possible to perform the injection, particularly if you have any problems with the bones in your spine.
- Occasionally your legs do not go numb enough. If this happens, either the injection can be repeated or you can have a general anaesthetic as well
- The needle may leave a small bruise on your back, which may be slightly sore for a few days. It does not cause long term back ache
- There is a small chance of developing a headache afterwards (less than 1 in 100 patients suffer from this).
- Whenever a needle is put into any part of your body, no matter how much care has been taken, a few things can happen by accident such as letting in infection or causing bleeding. It is also possible to damage a nerve. This is so rare that it is not possible to give an accurate chance of it happening. It is estimated to be between 1 in 5,000 and 1 in 30,000.

Nerve Block – may be given to enhance the pain relief following a general anaesthetic

This involves injecting local anaesthetic around one or more of the nerves in the leg. This is either performed with you awake or after you have had some sedation or under general anaesthetic. After the operation, your leg may feel numb and heavy for some hours afterwards.

Advantages:

- The block should provide pain relief for a number of hours afterwards
- Because you need less strong painkillers, you may feel less drowsy and sick. If you

have a general anaesthetic too, this is often “lighter”, so again you may feel less drowsy.

- Only the leg which has been operated on feels numb (unlike a spinal anaesthetic, which affects both legs)

Disadvantages and Complications:

- Sometimes the block does not work as well as expected. If this happens, you will still be given enough painkillers to make you comfortable

- Occasionally the numbness in your leg can last around 24 hours. This may mean you have to stay in bed after your operation for a short time

- Very occasionally, the nerve may be bruised or damaged. This is sometimes due to the needle itself, but may also be due to infection, bleeding around the nerve, poor blood supply to the leg, the position of your leg during the surgery or sometimes the operation itself. Symptoms such as numbness, pins-and-needles, pain or weakness lasting up to a week are seen after between 1 and 5 out of every 100 nerve blocks (1-5%). Around 95% of these fully recover within 4-6 weeks, and 99% have recovered within a year. Permanent nerve damage is so rare that precise numbers are not available. One estimate is that it might happen in between 1 in 5000 of nerve blocks.

All Types of Anaesthetic share a number of Potential Complications

- After the operation, some people have difficulty in passing water. This is more common in men and more likely after a spinal anaesthetic. It may require treatment by passing a small tube into the bladder for a day or so.

- Heart attacks and strokes are uncommon after anaesthetics. The risks of these happening are related to your general health and fitness. If you are felt to be high risk, it will be discussed with you by your anaesthetist

- You will be given a number of different medicines during your stay. It is very important that you tell your anaesthetist if you have any allergies. It is of course possible that you could have an allergy for the first time during your stay.

Pain Relief after your Surgery

It is very important that you are comfortable after your surgery, as you will need to begin exercising your leg as soon as possible. If you are in pain, do not hesitate to tell the ward staff. They will either give you additional pain killers or ensure your medication is changed. Remember everyone’s pain is different – some people need more painkillers, and some will need less.

A number of methods are used which supplement any painkillers you received with your anaesthetic:

1) Paracetamol

Paracetamol is a very widely used painkiller. It is usually given by mouth and has very

few side effects. When given regularly, it can reduce the amount of stronger painkillers required.

2) Anti-inflammatory Painkillers (NSAIDs)

These include drugs such as ibuprofen (Brufen), diclofenac (Voltarol). Like paracetamol, they too can reduce the amount of stronger painkillers you may need. However, they are not suitable for all patients. They can irritate your stomach, and occasionally affect how your kidneys work. A small number of patients with asthma sometimes find they become wheezy if they take NSAIDs. Therefore they are generally used only in a selected group of patients.

3) “Strong” Pain Killers

These range from the milder drugs such as codeine and tramadol, up to the stronger drugs pethidine and morphine. They can usually be given by mouth or as an injection.

We can also give you morphine using a PCA (**Patient Controlled Analgesia**).

Although they are excellent painkillers, they may cause some side effects. Some patients develop a very dry mouth, feel sick or dizzy, and in high doses they can make you feel drowsy. They can also cause constipation. Sometimes if you get side effects from one drug, we can try a different one.

4) PCA (Patient Controlled Analgesia)

This is one commonly used way to give you morphine, usually only for the first day or so after your operation. We connect a small machine to the plastic drip in your arm. You are given a button to press every time you feel pain. When pressed, a small amount of morphine goes straight into your blood. It will start to work within minutes. You can use it as much or as little as you need. Do not worry about getting an overdose – the machine will only allow one dose every few minutes. If you are using it too much, you will become sleepy and therefore unable to press the button anymore. It is vital that you are the only person to press the button -don't hand it to a relative to press for you!

Many patients are worried about using strong painkillers in case they become addicted. If you use them when you have pain, you will not become addicted.