

General Anaesthetic (GA)

Having a general anaesthetic ('GA') means being asleep for your surgery or procedure using drugs to ensure you are unaware, completely relaxed, plus pain-free. This option will depend on you, your anaesthetist's and your surgeon's preferences plus your state of general health (e.g. length of operation, ability to tolerate it under local anaesthetic).

Before Surgery:

As part of finding the best option for you, your general health will be assessed which may involve blood tests, ECG (heart tracing) and chest X-ray. We will need to know about any medical problems you have, medications you are taking and any past problems with general anaesthetics.

You will be visited by the anaesthetist immediately before your operation, if it is planned for you to be given a general anaesthetic. The anaesthetist will check with you the details of your general health, examine you and explain what will happen once you arrive in the anaesthetic room.

For those patients whose health history means a GA would put them at high risk, your anaesthetist may prefer you have a combination of local anaesthetic plus some sedation instead.

You will be given instructions about eating/drinking on the day of surgery - it is important to follow these to prevent sickness/regurgitation whilst asleep. Your medication may be adjusted accordingly e.g. for diabetes - please ask if you are unsure about this.

You will be given a theatre gown and possibly elastic circulation stockings to wear. (It is ok to keep underpants and ordinary socks on).

During surgery:

In the anaesthetic room, you will have an Intra-Venous drip inserted into the back of your hand or arm. Through this drip, you will be given the anaesthetic drugs, which will put you off to sleep. To allow the surgeon access to your eye, it is necessary to pass a tube into your windpipe. Once the tube is in place, it is connected to the anaesthetic machine. Throughout the procedure, the

anaesthetist, who is a qualified doctor, will be by your side, to look after you and monitor your vital signs e.g. blood pressure. Once the operation is over, the anaesthetic gases are turned off, you will awake and the tube in your windpipe will be removed.

After surgery:

You will be initially drowsy and may sleep for some hours after the operation once back in the ward. Common side effects after such operations can be nausea with/without vomiting and a sore throat. The nausea can be treated with an injection and the sore throat will settle within 24 hours. You will also be given oxygen via a green facemask until such time as you are wide-awake. You may receive some intravenous fluids until such time as you are able to take fluids yourself. If you are diabetic, it is important to get you back to your normal regime as soon as possible - your nurse will monitor your blood sugars and medication for/with you until then. If you are a day patient the staff will ensure you are well enough before going home.

Most eye operations are not painful, and simple painkillers e.g. paracetamol are usually sufficient. You may feel tired/ lethargic and emotionally low for a few weeks after the operation. This is quite common and is a normal response by your body to surgery. Your return to activities will also depend on what type of eye surgery you have had.

Important Points

Eating/drinking: It is most important that you follow the instructions, whether you are having a general anaesthetic or a local anaesthetic. No food must be consumed up to 6 hours before an anaesthetic. The meal should be light e.g. bread/toast/soup. Fluids may be taken up to 2 hours pre-operatively. Again the fluids should be light e.g. water, black tea/coffee.

Do follow guidance about taking your medicines before the op.

Smoking: cigarettes/tobacco affect your heart, lungs and elsewhere and can increase the chance of problems during and after an anaesthetic e.g. uptake of oxygen/being more prone to chest infections after. Under ideal circumstances, you should stop smoking a few days before the operation. If this is not possible, try and cut down. Practise breathing deeply, to exercise your

lungs.

Contraceptive pill: If possible, this should be stopped 4 weeks before surgery. If this is not feasible, you will be given special stockings to wear to prevent the formation of clots in your legs

Driving: You should not drive for 24 ours after a general anaesthetic or sedation (assuming your vision allows you to).

If you have any further questions please call the Doyne Eye Ward:

☎ (01865) 224277