

Acute Services Division



Important Information about your

# **Anaesthetic for an Orthopaedic Operation**



This leaflet contains important information about your anaesthetic for an orthopaedic operation.

Before your operation we will ask you some questions to check your health. This will be at a pre-assessment clinic, or it may be by filling in a questionnaire.

**We will ask you about:**

- your general health and fitness
- any serious illnesses you have had
- previous anaesthetics and if there were any problems known to you
- medicines, pills, inhalers or complementary medicines that you use

At this visit we will measure your height, weight and blood pressure and we take blood samples and ask for further investigations such as a heart tracing (ECG) or x-rays.

On the morning of your operation most people will then meet the anaesthetist, the doctor who will be looking after you during the operation. They will talk to you about which kind of anaesthetic is suitable for you. This is a good time to ask questions and tell the anaesthetist about any worries that you have. You may find it useful to write down any particular concerns before meeting your anaesthetist so that you don't forget.

**There are several different types of anaesthetic:**

- a spinal anaesthetic
- a general anaesthetic
- a nerve block
- or a combination of anaesthetics.

## **Spinal Anaesthetic**

For hip or knee surgery the most common type of anaesthetic is a spinal anaesthetic.

We inject a measured dose of local anaesthetic near to the nerves in your lower back.

- You go numb from the waist downwards
- You feel no pain, but you remain conscious
- If you prefer, you can also have a medicine to make you feel sleepy and relaxed. This is called sedation.

### **The advantages of a spinal anaesthetic compared to a general anaesthetic are:**

- less risk of chest infections after your operation
- less effect on the heart and lungs
- less bleeding may occur during the operation which would reduce your risk of needing a blood transfusion
- less risk of forming blood clots in the legs after the operation
- excellent pain relief immediately after your operation
- less need for strong pain relieving drugs
- less sickness and vomiting
- ability to eat and drink soon after the operation
- less confusion after the operation in older people.

### **The disadvantages of a spinal anaesthetic are:**

- not suitable for patients with very severe heart disease
- not suitable for patients with some blood disorders or who continue to take blood thinning medication

## Common Side Effects

These may be unpleasant, but we can treat them and they do not usually last long. They occur in around 1 in 10 to 1 in 100 patients

- **Low blood pressure** – As the spinal anaesthetic takes effect, it can lower your blood pressure and make you feel faint or sick. We can control this with the fluids we give you by the drip and by giving you drugs to raise your blood pressure.
- **Itching** – This can occur as a side effect of using morphine-like drugs in combination with local anaesthetic drugs in spinal anaesthesia. If you experience itching we can treat it as long as you tell the staff when it occurs.
- **Difficulty passing water (urinary retention)** – You may find it difficult to empty your bladder normally for as long as the spinal lasts. Your bladder function returns to normal after the spinal wears off. You may need a temporary catheter in your bladder while the spinal wears off.
- **Headache** – There are many causes of headache, including the anaesthetic, the operation, dehydration and anxiety. Most headaches get better within a few hours and can be treated with pain relieving medicines. Severe headache can occur after a spinal anaesthetic. If this happens to you, your nurses should ask the anaesthetist to come and see you. You may need special treatment to settle the headache.

## Rare Complications

Nerve damage is a rare complication of spinal anaesthesia. Temporary loss of feeling, pins and needles and sometimes muscle weakness may last for a few days or even weeks but almost all of these make a full recovery in time.

Permanent nerve damage is even more rare and paralysis due to nerve damage or infection has a 1 in 140,000 chance of occurring.

Usually, a spinal anaesthetic should cause you no unpleasant feelings and should take only a few minutes to perform.

### **What will happen if I have a Spinal Anaesthetic**

- As the injection is made you may feel pins and needles or a sharp tingle in one of your legs – if you do, try to remain still, and tell your anaesthetist about it as they may need to reposition the needle. When the injection is finished you normally lie flat as the spinal works quickly and is usually effective within 5–10 minutes.
- To start with the skin feels numb to touch and the leg muscles are weak.
- When the injection is working fully you will be unable to move your legs or feel any pain below the waist.
- During the operation we may give you oxygen to breathe via a lightweight, clear plastic mask to improve oxygen levels in your blood.
- We will give you some sedation during the operation but you will be aware of some noise and movement.

### **General anaesthetic**

For other orthopaedic operations or if you are not suitable for a spinal anaesthetic you will receive a general anaesthetic. A general anaesthetic makes you unconscious and unable to feel pain.

You will need a breathing tube in your throat whilst you are asleep to make sure that oxygen and anaesthetic gases can move easily into your lungs. When the operation is finished we stop the anaesthetic and you regain consciousness.

## **Advantages**

You will be unconscious and pain free during the operation.

## **Disadvantages**

A general anaesthetic alone does not provide pain relief after the operation. You will need strong pain relieving medicines afterwards, which make some people feel quite sick or drowsy. Or you may wish to consider a nerve block with a general anaesthetic.

## **Nerve block**

This is an injection of local anaesthetic near the nerves which go to the part of your body which is being operated on. That part of your body should be numb and pain-free for some hours afterwards. You may also not be able to move it properly during this time. This injection may be done before the general or spinal anaesthetic starts. It may also be used as the sole anaesthetic, especially for surgery of the hand or foot. In this instance you can also receive some sedation if you wish.

## **Advantages**

- You usually need a lighter or no general anaesthetic or at all, and you should be less sick and drowsy afterwards. This is because you will need less strong pain relieving medicines during and for several hours after the operation.
- A nerve block alone may be the safest way to have your operation if you have other serious health problems.

## **Disadvantages**

- In around 1 in 100 patients the nerve block doesn't work very well. Your anaesthetist will always test the nerve block thoroughly and switch to an alternative anaesthetic if the nerve block is not fully effective. If this happens we will also give you alternative painkillers to make sure you are comfortable.

- Very rarely, in around 1 in 100,000 cases there can be permanent nerve damage from a nerve block.

## **Most people receive a combination of anaesthetics**

You can have a nerve block with a general anaesthetic, sedation or a spinal anaesthetic.

- This should make you more comfortable for some hours after the operation than with a general anaesthetic or spinal anaesthetic alone.

### **You can have a spinal with a general anaesthetic if:**

- your anaesthetist cannot perform the spinal satisfactorily
- the spinal does not work satisfactorily
- the surgery is more complicated than expected or is likely to last longer than 2-3 hours.

## **Delaying your operation**

Occasionally your anaesthetist may suggest delaying your operation for a few weeks. This may be because they think that:

- your health could be improved to reduce the risks of the operation or the anaesthetic
- you need some more tests
- it is possible that your anaesthetist will think there are very high risks. You may want time to think about whether to go ahead with the operation. The anaesthetist will discuss their concerns with your surgeon.

## **Enhanced recovery programme**

At Royal Alexandra Hospital we use an enhanced recovery programme, which aims to shorten the time it takes to recover from your operation and speed your return to a normal life. This means that the staff looking after you will follow an evidence-based programme of care, called a **care pathway**.

### **This covers:**

- preparing you before surgery
- setting out a typical plan for the anaesthetic and pain relief
- organising the care that you need on the ward afterwards
- encouraging early eating, drinking and walking, all of which shorten the time you need to spend in hospital.

The anaesthetic care for enhanced recovery will keep pain and any unpleasant after-effects to a minimum. This will get you back on your feet as soon as possible. At Royal Alexandra Hospital we will offer you a spinal anaesthetic, combined with a nerve block or wound infiltration. However, there are alternative anaesthetics, as this leaflet explains.

An anaesthetist will talk to you about which type of anaesthetic is most suitable for you. They will visit you before your operation. Your preferences are important and nothing will happen until you understand and agree with what is planned.

## Frequently asked questions

Q

### **Can I eat and drink before a spinal anaesthetic or a nerve block?**

You will need to have an empty stomach before your operation and you must follow the same rules as if you were going to have a general anaesthetic. This is because it is occasionally necessary to change from a spinal anaesthetic or nerve block to a general anaesthetic. We will give you clear instructions about eating and drinking and which of your routine medications to take before your operation.

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### **Must I stay fully conscious?**

Before the operation you and your anaesthetist can decide together the amount of sedation you will need. We can adjust the amount of sedation so that you are aware but you are not anxious.

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### **Will I see what is happening to me?**

Normally a screen is placed across your upper chest so that you see nothing when your operation starts. You will be aware of the “hustle and bustle” of the operating theatre when you come in. Once surgery starts noise levels drop and you will be able to relax, with your nurse and your anaesthetist looking after you. Some patients like to wear personal headphones to listen to their own choice of music during the operation.

## Q

### **Do I have a choice of anaesthetic?**

Yes. Your anaesthetist will assess your overall preferences and needs for the operation and discuss them with you. If you have anxieties regarding the spinal then these should be answered during your discussions. Depending on the type of operation and your own medical condition, a spinal anaesthetic or nerve block may sometimes be safer for you and suit you better than a general anaesthetic.

## Q

### **Can I refuse to have the spinal?**

Yes. If, following discussion with your anaesthetist, you are still unhappy about having a spinal anaesthetic you can always say no. We will never force you to have any anaesthetic procedure that you don't want.

## Q

### **Will I feel anything during the operation?**

Your anaesthetist will not allow the operation to begin until you are both convinced that the spinal or nerve block is working properly. We will test you several times to make sure of this. You should not feel any pain during the operation but you may well be aware of other sensations such as movement or pressure as the surgical team carry out their work. If you do experience any pain or other abnormal sensations you must tell the anaesthetist immediately and they will make adjustments to your care throughout the operation.

## Notes:

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