

Patient information factsheet

Anaesthesia for neurosurgery

Most neurosurgical operations are carried out under general anaesthesia. This means that you will be put to sleep using anaesthetic drugs and woken up at the end of the operation.

We hope this factsheet will help to answer some of the questions you may have.

Is it safe to have a general anaesthetic?

Anaesthetics for neurosurgery are given to very large numbers of patients who go on to make an excellent recovery without problems. They are given by an anaesthetist (a doctor specially trained in anaesthesia). We aim to assess each person on an individual basis beforehand. A general anaesthetic may have slightly higher risks for some people with certain conditions, such as heart disease.

Pre-assessment clinic

You will be invited to our pre-assessment clinic before your scheduled operation so that we can assess your risk. A specially trained nurse will ask you about your medical history and perform some routine tests. If necessary you will be reviewed by a consultant anaesthetist. Tell them if you or any blood relatives have ever had a reaction to an anaesthetic. Some people may need to have further investigations with other specialists.

At the clinic we will give you information about the anaesthetic, ensure you are as fit as possible for surgery and organise any further investigations you may need. We will review your medications and explain which ones to take and which not to take before your surgery. We will let you know what time you need to stop eating and drinking before the operation.

We will also be happy to answer any questions you may have.

The neuroanaesthetists work as a team. If you meet an anaesthetist in clinic, they may not be the one who administers the anaesthetic on the day of your surgery.

Operations carried out under sedation

Some neurosurgical operations are carried out under local anaesthesia and sedation rather than general anaesthesia. This means you will still be conscious but the anaesthetist will give you drugs that calm and relax you. The advantage is that the effects wear off very quickly after surgery. We may use this technique if we plan to send you home on the same day as your operation. We will discuss this with you if it applies to your operation.

On the day of your operation

If you are a non-emergency patient and have already visited the pre-assessment clinic, we can usually take you straight to our 'day of surgery' unit when you arrive for your operation. Here you will meet your anaesthetist, who will explain the type of anaesthetic you will receive and answer any further questions you may have. They are likely to assess your mouth

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opening, ask you if you have had any major dental work, and check your range of neck movement. They will also need to know if you are prone to sickness after anaesthesia, if you have allergies or cannot tolerate any medications. You must tell them if you have developed any signs of infection, such as a temperature, sore throat, runny nose or cough.

Operating theatre

When it is time for your operation, you will be taken from the ward to the anaesthetic room next to the operating theatre. We will carry out some further checks to confirm your identity and planned operation and to make sure that your completed consent form is correct.

The anaesthetist and the anaesthetic assistant will attach routine monitoring and place a cannula (drip) in a vein, usually on your hand. If you are having a general anaesthetic, they will use this to inject drugs to put you to sleep. After this, we will move you to the operating theatre for surgery. We may need to put additional cannulae (drips) in your arms or feet once you are asleep.

An anaesthetist will stay with you for the entire operation. You will also receive pain killers, anti-sickness medications and, if necessary, antibiotics, fluids and other medications during the operation.

Recovery room

After your operation, the anaesthetist will turn off the anaesthetic, wake you up and take you to the recovery room. A nurse will look after you and make you as comfortable as possible. They will also record your blood pressure and heart rate and perform any other necessary checks. They will give you further pain relief if you need it.

We will then move you to an appropriate ward for the next stage of your care.

After an anaesthetic

How you feel after having an anaesthetic mostly depends on the type of operation you have had and the pain-relief medicine you are given.

General anaesthetics can cause side effects which usually only last a few hours.

These include:

- feeling sick
- sore throat

You may feel tired or even exhausted for some days after the operation. After major surgery this can last weeks or months. This is very unlikely to be caused by the anaesthetic.

Common causes of tiredness after surgery include:

- worry before the operation
- poor sleep patterns
- pain
- blood loss causing anaemia
- the condition that needed the surgery
- poor eating and drinking

These will gradually improve as you leave hospital and recover.

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Complications of anaesthesia

The anaesthetists will make every effort to minimise the risks.

Possible complications include:

- damage to teeth or lips (rare)
- chest infection (rare)
- damage to eyes (very rare)
- nerve damage (very rare)

In very rare circumstances, there can be more serious complications such as death or brain damage. It is very rare that these occur directly as a result of anaesthesia alone. The risk of death is around 1 in 100,000. You can find more information at www.rcoa.ac.uk/patientinfo

Contact us

You can contact our admissions teams by telephone on the following numbers:

023 8120 4018

023 8120 5510

023 8120 6784

If you have any queries on the day of your operation, please telephone our team at the day of surgery unit.

Day of surgery unit: **023 8120 3256**

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