

This leaflet aims to provide you with basic information about the **General Anaesthesia (GA)** that you are going to receive. If you have any questions about your anaesthesia that are not covered in this leaflet, please discuss with your anaesthetist who will be willing to answer your questions.

What is GA ?

GA is a carefully monitored state of drug-induced, reversible unconsciousness so that you will not be aware of the operation while it is taking place. GA is achieved by administering intravenous and/or inhalational anaesthetics. Your consciousness will return shortly after stopping the drug at the end of the operation.

Who is responsible for your anaesthesia?

An anaesthetist who is a medical doctor trained and specialized in providing anaesthesia. Your anaesthetist will stay with you all the time during your GA procedure to ensure your safety.

Pre-anaesthetic assessment and preparation

Prior to the surgery, you will usually be seen and assessed by your anaesthetist, who will:

1. Ask about your medical, surgical, anaesthetic, allergy and drug history
2. Ask about your smoking or drinking habits
3. Perform a physical examination
4. Review your investigation results and order further investigations if needed
5. Discuss the plan for your anaesthesia, explain the risks and benefits, and obtain your consent
6. Advise on pre-anaesthetic preparations

Things that you should do to improve safety before your anaesthesia

1. Stop smoking for as long as possible
2. Stop any herbal medicine for at least two weeks before your operation
3. Seek dental treatment if you have any loose teeth or crowns
4. Stop or commence certain types of medication according to the advice of your anaesthetist
5. **Fast for at least 6 hours** before your operation to prevent aspiration pneumonia.

Your usual medications

Your anaesthetist will advise you on which medications you should or should not (e.g. drug for diabetes, anticoagulation such as warfarin, clopidogrel) take on the day of your operation. You should follow these instructions. You are allowed to take your medications with water while you are fasting.

What should you do if you feel unwell on the day of operation?

Please inform the Hospital (Admission Office Tel: 2760 3412) if you feel unwell on the day of your operation. In order to reduce unnecessary risks, your operation may need to be postponed until you feel better.

On the day of operation

1. In the operating theatre, before induction of anaesthesia, your anaesthetist, surgeon and nurse will check your identity, the type of operation, the site of operation and the type of anaesthesia. This is to ensure that you are the right patient and your planned surgery and anaesthesia are correct; we call this final verification process as ‘**Time Out**’.
2. Various monitors will be attached to you. The complexity of the monitoring depends on your medical condition and the type of operation. Sometimes invasive monitoring like placing a plastic catheter/tubing into one of your large veins or arteries may be needed
3. Your anaesthetist will insert a plastic catheter/tubing into your vein for administration of medications including anaesthetic drugs.
4. Your anaesthetist may have to control your airway and breathing. He/she may need to insert a plastic tube (called an endotracheal tube) through your mouth into your windpipe, or other alternative equipment, to maintain the patency of your airway and to ensure adequate breathing.
5. Your anaesthetist will stay with you at all times to give you anaesthesia, analgesia, monitor your vital signs, give you treatment as necessary and ensure your safety.
6. As soon as the operation is finished, the anaesthetic drugs will be stopped and you will regain consciousness.
7. Depending on the clinical condition or after major surgery, some patients may need to be kept asleep and ventilated with the help of a machine for a while after the operation.

Pain relief

You will be given pain relieving drugs (analgesics) during your operation and as necessary after operation. Your anaesthetist will discuss with you during the pre-anaesthetic assessment when special types of pain relieving treatment is required, such as Regional Anaesthetics Block, Epidural Analgesia and Patient Controlled Analgesia.

Is there any risks in GA ?

In general, modern anaesthesia is safe and the risk of death directly associated with GA itself is very small. The surgical procedure may incur certain risks and these should be discussed with the surgeon. The side effects and complications associated with GA can be divided into those that are very common, common, uncommon, rare or very rare.

Reference of occurrence rate

Very Common	Common	Uncommon	Rare	Very Rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000
<ul style="list-style-type: none"> • Nausea and vomiting • Headache • Sore throat • Itching, • Dizziness • Blurred vision • Short term confusion or memory loss • Aches, pain and backache • Pain during injection of drugs 		<ul style="list-style-type: none"> • Aspiration of stomach contents / other matters into the lungs • Failure to intubate • Dental injury • Depressed breathing 	<ul style="list-style-type: none"> • Damage to eyes • Serious allergy to drugs • Heart attack • Nerve damage • Stroke • Complications of invasive line insertion • Death (0.61 per 10,000 anaesthetics in the Hospital Authority between 2003-2005), • Awareness: Being awake during the surgery in certain high risk patients 	

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: “General Anaesthesia for Adults” (2020)

Smart Patient: http://www.ekg.org.hk/pilic/public/Anaes_PILIC/Anaes_GeneralAnaesthesiaforAdults_0153_chi.pdf (05-07-2023)