

Anesthesie (Engels) - Anaesthesia

Important information for your day of admission

You must **fast** before your surgery. This means that **from 6 hours before your admission:**

- you **may not eat anything**,
- you **may not drink anything** (you may drink a little **water until two hours before the admission**),
- you may **not** smoke.
- **If agreed with the anaesthetist, you may take your medication with a little water.**



Examples:

- If you are admitted at 08:00, you may not eat anything or smoke from 02:00. You are only allowed to drink a little water between 02:00 and 06:00 (no sparkling water).
- If you are admitted at 14:00, you may not eat anything or smoke from 08:00. You are only allowed to drink a little water between 08:00 and 12:00 (no sparkling water).

If you do not follow these guidelines, you run the risk of your stomach contents entering your lungs during surgery which can be life-threatening.

If you do not fast, your surgery will be postponed.

These guidelines apply to all types of anaesthetic.

Medicine

If you are taking medication, the pre-operative clinic will tell you whether to continue or stop taking it. Bring your medication with you in its original packaging or a medicine roll (baxter). This includes inhalers and insulin.

Preparation at home

Please note that you are not allowed to wear contact lenses during the procedure. Wearing glasses is allowed. In most cases, you can keep hearing aids or dentures in. You may not wear jewellery, hairpins or piercings. Nail polish, gel nails and make-up are also not allowed. We advise you to leave valuables at home.

Participating in traffic

You may **not** drive for the first 24 hours after the administration of the anaesthetic.

Anaesthetist

The anaesthetist is a doctor who specializes in various forms of anaesthesia, pain relief and intensive care related to surgery.

Anaesthesiology Outpatient Clinic

You will be expected at the anaesthesiology outpatient clinic to prepare for your surgery. The anaesthetist will ask questions about your health, perform a physical examination and determine whether an additional examination or a visit to another specialist is necessary. The anaesthetist determines the type of anaesthetic based on this appointment.

Questionnaire

Before your appointment at the anaesthesiology outpatient clinic, we ask you to complete the digital questionnaire on the MijnElkerliek patient portal. More information about MijnElkerliek can be found on our website www.elkerliek.nl/MijnElkerliek.

Change in health

If there are any changes to your health or medication after your visit to the anaesthetist and before the surgery, please contact the anaesthesiology outpatient clinic.

Types of anaesthesia

There are different types of anaesthesia:

- general anaesthesia;
- regional anaesthesia (+ possibly sedation);
a combination, i.e., general anaesthesia + regional anaesthesia.

Your wishes will be taken into account as much as possible.

General anaesthesia

In preparation, an IV will be inserted and you will be connected to the necessary monitoring devices. This includes an EKG (which continuously monitors your heartbeat), a blood pressure band (which measures your blood pressure every 3 to 5 minutes) and a saturometer (a painless pincher on the finger that measures the oxygen level in your blood). In the operating room, the anaesthetist injects the necessary anaesthetics using a needle. You will receive extra oxygen through a mask. The anaesthetics will make you fall asleep quickly.

After that, a breathing tube is often inserted. The anaesthetist or assistant will stay with you at all times during the surgery.

This procedure may damage your teeth. This is rare and depends on the condition of your teeth.

Regional anaesthesia

This type of anaesthesia numbs a part of the body.

- **Spinal anaesthesia**

For surgery on the legs or lower abdomen by means of an injection in the back. Spinal anaesthesia is an anaesthetic which the anaesthetist inserts, after local anaesthesia of the skin, into the spinal fluid using a very thin needle. This completely numbs the lower part of the body for a limited time.

For the anaesthetic to be injected, you must sit on the edge of the table or bed with your legs hanging down and your back rounded. After anaesthetising the skin, the needle is inserted between the vertebrae and the anaesthetic is injected. The needle is removed immediately afterwards.

A spinal anaesthetic works for 2 to 6 hours, depending on the chosen medication. The anaesthetist has the choice between a long-acting or short-acting medication. With regard to the short-acting medicine, we use Articaine at Elkerliek. Articaine is an off-label medicine, which has, however, been administered safely to many patients for years and is superior to other short-acting medicines. You should be aware of this, hence this explicit mention.

If necessary, extra pain relief or a light anaesthetic (sedation) can be given via the IV line. During the procedure, your vital signs such as your heartbeat, blood pressure, and oxygen levels will be monitored.

Although spinal anaesthesia is a very safe and well-used technique, we would like to inform you about possible side effects and rare complications. Should these side effects occur, they will disappear quickly after a few hours or days:

Your legs will feel numb and heavy. This is normal. Blood pressure may drop slightly, but this is easily treatable. Your back may be a bit sensitive for a few days at the puncture site. In some cases, a headache and nausea may occur after the spinal anaesthetic. These discomforts usually disappear spontaneously, but sometimes the anaesthetist has to intervene to solve this complication.

- **Epidural anaesthetic**

For major surgery on the abdomen, lungs or legs, usually combined with general anaesthesia. A thin tube (epidural catheter) is inserted through a small needle in the back so that continuous pain relief can be given, even after the surgery.

A continuous dose of medication is given while the epidural is in place. You will be monitored daily by our team until the epidural catheter can be removed.

Side effects of a spinal/epidural anaesthetic

Minor problems may arise after an epidural catheter has been inserted. The most important of these is low blood pressure and itching. Headaches are an annoying but harmless complication of an epidural.

Serious complications are extremely rare. The most important of these are a too high dose of anaesthetic or an epidural haematoma.

- **Regional anaesthesia for the arm**

For surgery on the hand, arm or shoulder by means of an injection in the armpit, collarbone or neck.

With a regional anaesthetic, a part of the body, a limb, is temporarily made numb and motionless by injecting an anaesthetic near a nerve pathway. To find the correct path of the nerves, the anaesthetist uses an ultrasound machine and possibly a nerve stimulator. The anaesthetic that is injected can last for a long time, up to 24 hours or longer. After the anaesthetic, the anaesthetised limb must be supported, if necessary, with a sling.

What are the possible complications or inconveniences?

- You may experience pain or a bruise at the puncture site. This disappears after a few days. On rare occasions, longer-lasting complications such as a permanent numbness of the leg, foot or hand or reduced muscle strength in certain muscle groups can occur.
- Allergic reactions to local anaesthetics: redness, skin rash, possible allergic shock are very rare.
- Toxicity of local anaesthetics: too rapid absorption of the anaesthetic into the blood or accidental injection into a blood vessel can cause epilepsy or shock.
- Another rare complication is an infection. To avoid this, the anaesthetic is given under sterile conditions and with sterile materials.

- **Regional anaesthesia for the leg**

For surgery on the lower leg or foot by means of an injection in the back of the knee (see description above.)

- **Regional anaesthesia for the eye**

For surgery on the eye by means of an eye injection. The eye can also be anaesthetised with eye drops. The anaesthetic to the eye is not always administered by the anaesthetist; this can also be done by the attending ophthalmologist.

What are the possible complications or inconveniences?

A puncture to the eyeball is very rare. Equally rare is the occurrence of bleeding, which may require the ophthalmologist to postpone the surgery.

- **Sedation**

Regional anaesthesia doesn't mean you have to stay awake. That is, of course, possible and often happens. But if you find it more comfortable, the anaesthetist will help you fall asleep. (Deep) sedation is also increasingly used for painful or unpleasant examinations. At the Elkerliek, specially trained nurses (sedationists) administer sedatives under the direct supervision of an anaesthetist. You will be given the necessary medication that will make you fall asleep, but you will continue to breathe spontaneously.

Preparation for surgery

The nurse will give you a surgical gown and accompany you from the ward to the operating ward. The nurse anaesthetist will perform a number of checks in the preparation room and insert an IV needle.

After surgery

After surgery, you will be taken to the recovery room, a special room near the operating room. Here, specialised nurses monitor and supervise the patients after their surgery.

When the effect of the anaesthesia has worn off and your condition is good enough, you will be taken back to the nursing ward. If you need special monitoring and/or intensive care, you will be admitted to the Intensive Care Unit after your surgery. Pain relief is agreed upon with the anaesthetist.

Pain measurement

Pain after surgery can adversely affect the healing process. Pain measurement can help to tailor the pain treatment to your pain symptoms as well as possible.

Pain relief after surgery

Various methods are used to manage the pain after surgery. The anaesthetist will discuss which will be used for you.

Medication

We can treat your pain after surgery with the help of medicines. The nurse can administer various medicines on behalf of the anaesthetist. The most commonly used are:

- **Paracetamol**
A very safe and strong painkiller that always forms the basis of pain relief.
- **Naproxen**
Naproxen is also very commonly used as a pain reliever. It is also a safe and very strong pain reliever for healthy patients.
- **Tramadol**
A pain reliever that can be given instead of diclofenac.
- **Morphine via IV or pill**
Morphine is a commonly used pain reliever that is administered continuously through the IV or given as a pill.
- **Ketamine**
Ketamine is given in addition to the usual painkillers in certain procedures to:
 - reduce morphine consumption to prevent specific chronic pain syndromes.Not everyone will receive this medicine during or after the procedure.
If you are given ketamine, you may feel a little confused or drowsy. This is not a problem. For most people, reassurance is enough to feel comfortable again.
- **Peripheral nerve catheter**
Before the surgery, the anaesthetist may, if possible, insert a thin tube next to a nerve in your arm, neck or leg. This can mean that the normal feeling in that area disappears or that you can temporarily no longer use the leg or arm.
- **PCA pump**
PCA means that you are in control of the amount of pain medication you are given. The pain medication used in PCA is morphine. You administer pain medication yourself by pressing the button when you are in pain. If the pain does not subside within a few minutes, you can press the button again until the desired effect is achieved.

Going home

If you are discharged on the same day of the surgery, this is called outpatient treatment or day surgery. There are a number of conditions that you must meet before you can go home:

- You are not nauseous after eating and drinking, and possible nausea is manageable.
- You do not have a fever.
- You have urinated.
- You can stand and walk (subject to the procedure).
- The pain is acceptable, and you know what to do if the pain increases.
- You have pain medication; medication is available at the outpatient clinic (central hall) upon discharge.

Undesirable side-effects

Every surgery can cause complications. You have a small chance of:

- an allergic reaction to the medicines;
- damage to your teeth due to the insertion of the breathing tube;
- a pinched nerve in your arm or leg due to an unfortunate position during surgery.

Undesirable effects can occur after any type of anaesthesia, such as:

- short-term pain in the back;
- a sore throat (with general anaesthesia);
- a painful sensation at the puncture site in the back (with spinal anaesthesia).
- a headache (with spinal anaesthesia) that disappears when lying flat. If this is the case, drink a lot (preferably caffeinated drinks) and take paracetamol. If this headache has not gone away **after 48 hours**, please contact the Anaesthesiology Outpatient Clinic or the Emergency Department after office hours.

If you have any questions after reading this leaflet,
please contact the Anaesthesiology Outpatient Clinic on telephone number +31 (0)492 59 59 69.

Phone numbers and addresses

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