
Anaesthesia

Anaesthesia is employed to facilitate any surgical procedure. The aim of anaesthesia is to provide safety and comfort to the patient. This is achieved by using drugs, which produce varying degrees of hypnosis, muscle relaxation and pain-relief.

This patient information leaflet is drawn from the consensus panels of many worldwide urological and anaesthetic societies, as a supplement to any advice that you may already have been given. Alternative treatments are outlined below and can be discussed in more detail with your Anaesthetist.

What are the alternatives?

There is more than one type of anaesthetic available. Your anaesthetist will describe the pros and cons of each and help you decide on which one you would prefer.

Your Anaesthetist has undergone specialist training in anaesthesia, pain control, resuscitation and managing medical emergencies. Their job will be to look after you during your anaesthetic and during the initial phase of your recovery. It is important for you to understand that some complications of anaesthesia may occur in spite of the best care and attention given to you by your anaesthetist. Most serious consequences occur in patients who already have a pre-existing illness, or have a history of anaesthetic problems in the past. The type of anaesthetic that you will require depends on your health and the nature and duration of surgery.

If you are having day surgery, an adult should accompany you home and stay with you for the first post-op night. Do not drive a vehicle, make important decisions, use dangerous equipment, sign any legal documents or drink alcohol for at least 24 hours.

There are generally three options: general, regional, or sedation anaesthesia.

General anaesthesia

Drugs are given to produce a state of unconsciousness so that you will be asleep during your surgery.

Common (1 in 3 to 1 in 100)

- ~ Bruising at needle site
- ~ Uncomfortable throat and lips
- ~ Nausea and vomiting
- ~ Fatigue, and sleep disturbance

Uncommon (between 1 in 100 to 1 in 5000)

- ~ Persisting hoarse voice
- ~ Prolonged nausea and vomiting
- ~ Post-operative breathing problems
- ~ Damage to lips, tongue, eyes, teeth, or to dental work
- ~ Pins and needles or weakness from pressure on nerves in the arms, legs, or face
- ~ Aspiration pneumonia (inhalation of contents of the stomach)
- ~ Muscle aches and pains

Rare (1 in 5000 to 1 in 150,000)

- ~ Death
- ~ Awareness (being awake under anaesthesia)
- ~ Equipment failure leading to complications
- ~ Severe allergy (anaphylactic shock)
- ~ Heart attack, stroke, paralysis
- ~ Hyperthermia (uncontrollable increase in temperature)

Anaesthesia continued...

Regional anaesthesia

This is where needles are used to numb the part of your body, which is to be operated on. Spinal and epidural anaesthetics are examples where injections into the back can numb the nerves to the legs and abdomen.

Common (1 in 3 to 1 in 100)

- ~ Bruising at needle site
- ~ Mild back ache
- ~ Feeling of heaviness in area affected by block
- ~ Low blood pressure

Uncommon (between 1 in 100 & 1 in 5000)

- ~ Pins and needles in limbs, that may last for days or weeks, that eventually go away
- ~ Severe headaches (after spinal/epidural anaesthetics)
- ~ Persisting backache (rarely chronic)

Rare (1 in 5000 to 1 in 150,000)

- ~ Death
- ~ Major nerve damage (may be due to direct nerve damage from needle)
- ~ Paralysis (due to direct nerve damage, blood clot, or abscess on the spinal cord)
- ~ Medical problems made worse by the effects of the nerve block (eg. Heart attack, stroke, asthma, etc)

Sedation anaesthesia

Drugs are used to alter your conscious state so that you are not aware of uncomfortable procedures. Sedation is often used in Cystoscopy, TRUS Biopsy and other small urological procedures

Common (between 1 in 3 & 1 in 100)

- ~ Bruising at needle site
- ~ Amnesia for a short period of time after the procedure
- ~ Nausea

Uncommon (between 1 in 100 & 1 in 5000)

- ~ Vomiting
- ~ Bruised or swollen lips
- ~ Headaches
- ~ Damage to teeth

Rare (between 1 in 5000 & 1 in 150,000)

- ~ Death
- ~ Aspiration (contents of stomach inhaled into lungs)
- ~ Allergic reaction to drugs

Financial consent

You will receive a separate account from your anaesthetist. While each anaesthetist determines their own fees, charges are usually at or below the AMA recommended fee. If you claim from your health fund first, it is your responsibility to pay the balance of the account to your anaesthetist (this is called the gap). For more information or a quote for the gap, please contact:

Dr Phong Tran

Greenslopes Anaesthesia Services
(07) 3847 4477

Dr Adam Harmon

Wesley Anaesthesia
(07) 3870 5118

What your anaesthetist will want to know

Your anaesthetist will want to know:

- ~ If you have fasted for your operation
- ~ Any adverse reactions to medications or pills
- ~ What medications you are taking at present, please bring a list with you
- ~ Any history of major medical problems (eg Asthma, Heart conditions etc)
- ~ Any loose teeth, caps, crowns, or dentures
- ~ If you are a current smoker, when you last smoked.
Cigarette smoking potentially increases the risks associated with anaesthesia. To minimize these risks you should stop smoking as long as possible before the operation.

The above lists do not cover every possible event that may occur during your anaesthetic. Your anaesthetist will see you before your operation. Please take this opportunity to discuss your anaesthetic and possible complications with your anaesthetist.

