



Your operation and anaesthetic

*Your questions
answered*

Patient

Information

Series

Your operation and anaesthetic

Your questions answered

Published by

The Royal Marsden

NHS Foundation Trust



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Revised March 2009

The Royal Marsden NHS Foundation Trust
Fulham Road
London SW3 6JJ

www.royalmarsden.nhs.uk

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ISBN 0-949015-41-5

Designed & Printed by
Lundie Brothers Ltd.
Croydon, Surrey

PI-0049-03

Foreword

This is one of a series of booklets written to provide information for patients and their relatives. It is impossible to include everything you may need to know. Your doctor or nurse will be able to answer specific questions.

This booklet has been prepared with input from Royal Marsden doctors, other healthcare workers who are experts in their field and patients and carers.

We hope you find it helpful and would welcome your comments so that the next edition can be improved further.

The information on anaesthetics has been taken from the booklet **You and your anaesthetic**, written by The Royal College of Anaesthetists and The Association of Anaesthetists of Great Britain and Ireland.

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Introduction

This booklet is for adults who are expecting to have an operation. Most people feel anxious about having an operation and anaesthetic – this is quite normal. We hope the information in this booklet will help you to:

- Understand more about what will happen to you
- Answer some of your questions
- Reduce any feelings of anxiety.

Every operation is unique because every person is unique. We can't be specific about what will happen before, during or after your operation. However we can give you an idea of the usual order in which things will happen. You should be given extra information on what is planned for you. You should also have an opportunity to ask questions and if you're worried or there is anything which is unclear, speak to your doctor or nurse.

Do I need to come into hospital?

Yes, usually. There are three options.

- If you are to have a minor (small) operation, it may be performed in the outpatients department under a local anaesthetic (see page 11) when you attend for your appointment.
- Many hospitals have a day surgery unit where people can be admitted in the morning for smaller operations. If you have a general anaesthetic or sedation, you will need to make arrangements to be collected by a relative or friend. You can usually return home that afternoon or evening.
- For larger operations you will be admitted to a ward for a longer stay of days or weeks.

What will happen before my operation?

You may be asked to attend a pre-operative assessment appointment before admission for your operation. This is to make sure that you are well enough for an anaesthetic and surgery. You will be asked some questions about your health and will have a chance to discuss any concerns or worries you might have. Tests such as blood tests and x-rays or scans, can also be carried out at this time.

You may also be asked to come into hospital one or two days before your operation. This means you can get used to the ward, meet the staff caring for you and receive any special preparation for your surgery.

Who will I meet before my operation?

You will meet several people before your operation. Some of them are listed here but there may be other specialist doctors, nurses or therapists who will help with your care.

A **doctor** will examine you and ask questions about your health.

Anaesthetists are doctors who specialise in anaesthetics (see page 11) and pain relief. They are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.

Nurses will care for you before, during and after your operation. They will advise you what you can and can't do and how you can prepare yourself. They will also tell you what to expect afterwards. You may meet specialist nurses, depending on your operation.

A **physiotherapist** may visit you, and teach you breathing and leg exercises. Deep breathing can help to prevent a chest infection. Moving your legs keeps the blood circulating and can help prevent clots. You may also be taught other exercises, depending on the type of surgery you have.

A **social worker** can offer advice or help about your job, home situation or finance, such as welfare benefits. Please ask if you wish to see a social worker.

Depending on the type of operation you have, you may meet other members of the rehabilitation team. These include **occupational therapists** to help you to achieve and maintain independence, or **speech and language therapists** who can help with communication and/or swallowing difficulties.

Other members of the hospital team are also available to help, such as the chaplain. Voluntary services and groups of people who have had a similar operation may also be able to offer support.

What do I need to know about the consent form?

The doctor will ask you to sign a consent form, which is a written record that you have agreed to the planned operation. Before you can give your consent, your doctor will discuss with you what the operation is likely to involve, the benefits and risks, the type of anaesthetic and any available alternative treatments. You may also be given some written information to back up what you've been told. It is important that you understand the information you have been given – ask questions if you don't understand or if you want more information. Your doctor will write the main benefits and risks associated with the operation on the consent form before you sign it. You will then be given a copy of the page with the details of the operation.

What questions should I ask before signing the consent form?

It is important that you understand what will happen and why. You should be given a chance to ask questions. To help you think about what you want to ask your doctor, you may find the following questions helpful.

About the operation

- Why is the operation necessary?
- What does it involve?
- What are the benefits?
- What are the risks?
- Will the operation change the way I look?
- Are there any alternative treatments or operations?
- What are the risks if I decide to do nothing for the time being?

About the anaesthetic

- Who will give my anaesthetic?
- Do I have to have a general anaesthetic?
- What type of anaesthetic is best for me?
- Is this type of anaesthetic used often?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

About my stay in hospital

- How long will I need to stay in hospital?
- What should I bring with me into hospital?
- How can I expect to feel after the procedure?
- Will I have any pain?
- If I feel pain, how long it is likely to last?
- What pain treatments will be best for me and how do these work?
- Will I need to take time off from work?

You may be asked to sign the consent form some time before the operation (for example in outpatients or at a pre-assessment clinic). If this happens, you will be asked before the operation to confirm that you still wish to go ahead with it.

If you later change your mind, you're entitled to withdraw consent – even after signing.

The anaesthetic

An anaesthetic is given so that you do not feel any pain or other sensations during surgery. There are different types of anaesthetic and the anaesthetist will advise which one is best for you.

What types of anaesthesia are there?

Anaesthetics can be given in various ways and do not always make you unconscious.

- A local anaesthetic uses a drug that numbs a small part of your body. It is usually injected and will sting for a few seconds at first. You stay conscious but free from pain.
- A regional anaesthetic uses an injection of local anaesthetic to numb a larger or deeper part of your body, for example an arm or a leg. The most common regional anaesthetics (also known as regional 'blocks') are spinal and epidural anaesthetics. They involve injections in the back to remove feeling from the waist down. You stay conscious but free from pain. Epidurals may be used during and/or after surgery for pain relief (see page 25).
- A general anaesthetic gives a state of controlled unconsciousness. It is essential for many operations. You are unconscious and feel nothing.

How is the choice of anaesthetic made?

Your anaesthetist will meet you before your operation. Your general health will be assessed and you will be asked questions about any medicines you are taking and whether you have any allergies. Bring into hospital with you all the pills, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter. The anaesthetist will discuss with you which types of anaesthetic can be used and the benefits, risks and your preferences. Nothing will happen to you until you understand and agree with what has been planned for you. You have the right

to refuse if you do not want the treatment suggested.

The choice of anaesthetic will depend on:

- Your operation
- Your answers to the questions you have been asked
- Your physical condition
- Your preferences and the reasons for them
- Your anaesthetist's recommendations for you and the reasons for them
- The equipment, staff and other resources at your hospital.

If you are having a local or regional anaesthetic, you may also need to decide whether you would prefer to:

- Be fully alert
- Be relaxed and sleepy (sedation)
- Combine a local or regional anaesthetic with a general anaesthetic.

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state.

What are the risks of having an anaesthetic?

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

- How likely it is to happen
- How serious it could be
- How it can be treated.

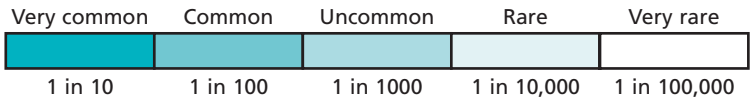
The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight
- Surgery which is complicated, long or carried out as an emergency.

Will there be any side effects or complications?

More information on the side effects and complications than is listed here is in the booklet Anaesthesia Explained (see page 30).

This scale is provided to help you work out the possibility of side effects and complications.



Very common and common side effects which MAY occur	General Anaesthetic	Regional Anaesthetic
Feeling sick and vomiting after surgery	✓	✓
Sore throat	✓	✗
Dizziness, blurred vision	✓	✓
Headache	✓	✓
Itching	✓	✓
Aches, pains and backache	✓	✓
Pain during injection of drugs	✓	✓
Bruising and soreness	✓	✓
Confusion or memory loss	✓	✗

Uncommon side effects and complications which MAY occur	General Anaesthetic	Regional Anaesthetic
Chest infection	✓	✗
Bladder problems	✓	✓
Muscle pains	✓	✗
Slow breathing (depressed respiration)	✓	✓
Damage to teeth, lips or tongue	✓	✗
An existing medical condition getting worse	✓	✓
Awareness (becoming conscious during your operation)	✓	✗

Rare or very rare complications which MAY occur	General Anaesthetic	Regional Anaesthetic
Damage to the eyes	✓	✗
Serious allergy to drugs	✓	✓
Nerve damage	✓	✓
Death	✓	✓
Equipment failure	✓	✓

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are probably about five deaths for every million anaesthetics in the UK.

What should I do before coming to hospital?

Here are some things that you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help. **Please ask if you need advice about this.** Your GP or local pharmacy may also be able to offer help.
- If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic.
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.
- If you have a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) your GP should give you a checkup.
- If you feel unwell when you are due to come into hospital, please telephone the ward for advice.

What will happen to me when I come into hospital?

The preparation may vary depending on the operation. The following are general points which apply in most instances.

- You will be given clear instructions about when you should stop eating and drinking before your operation. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs. If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions.
- You may be offered a sleeping tablet the night before so you are well rested in the morning.
- You may need to have body hair removed from the operation site. You will be told if this is needed.

Before the operation

- You will need to take a bath or shower to clean your skin and reduce the risk of infection. You will also be asked to remove all make-up and nail varnish. You will then be given a clean gown which ties at the back. If you wish to wear your underwear, tell the nurse. It must be cotton.
- You will be asked to empty your bladder and bowels. You may be given suppositories or an enema to help with the latter.
- You may be asked to wear special support stockings to help keep your blood circulating and prevent a clot forming.

- You must tie back long hair. Don't use metal hairclips. You may be asked to wear a paper hat.
- You must remove all jewellery except your marriage ring. This can be taped to your finger. Don't leave any valuables in your bedside locker. Jewellery and other valuables must be given to the nurses to lock away for safekeeping. You will be given a receipt for them.
- You must remove contact lenses but you can wear your glasses, hearing aids, dentures or a wig to go to the operating theatre.
- You may be given a **pre-medication** (a 'premed'). This is the name for drugs which are sometimes given before an anaesthetic, although today they are not often used. Some premeds prepare your body for the anaesthetic, others help you to relax. This may make you drowsy so you mustn't get out of bed after you have been given it. Call the nurses if you need anything. They may also make you more drowsy after the operation. If you want to go home on the same day, this may be delayed. If you think a premed would help you, ask your anaesthetist.

Don't worry if you don't remember everything. The nurses will explain each step before your operation. We will also try to respect any special requests or cultural needs. Ask if you have any questions.

When will the operation take place?

You will be told approximately when you will be taken to the operating theatre. This time may change if there is an emergency or a delay.

How will I know what will happen after the operation?

The nurses will explain what will happen afterwards, which of the common experiences apply (see page 19) and also anything which may be special for you.

For some types of surgery, you may spend some time in a critical care unit.

What will happen when I am called for my operation?

You will go to the theatre on a trolley with a porter and a ward nurse. In special circumstances, a relative or friend may be able to go with you to the anaesthetic room, and a parent will normally go with a child. The nurse will introduce you to the theatre staff, hand over your notes and pass on any important information. The nurse may stay with you until you are asleep.

- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a general anaesthetic, you will probably need to remove them in the anaesthetic room to make sure they are not damaged or dislodged while you are anaesthetised. They will be returned to you as soon as you want them. If you are having a local or regional anaesthetic, you may keep them on.
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.
- If you are having a local or regional anaesthetic, you may be able to take a personal music player with you to listen to music through your headphones.

Where will the anaesthetic be given?

You will be taken into the anaesthetic room where you will meet the anaesthetist and an operating department practitioner. The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels. If you have a **general anaesthetic**, you'll be given

an injection into a vein in your arm or the back of your hand. Once you have been anaesthetised, you will be moved into the theatre. If you are to have a **local anaesthetic**, you may be given sedation by injection into a vein to help you relax. When you're moved in to the theatre you will hear many unfamiliar sounds. Don't be afraid - the staff will explain what is happening. Ask if you're worried about anything.

How are local and regional anaesthetics given?

If you are to have a **regional** (spinal or epidural) anaesthetic, you may be asked to lie on your side or sit up while the anaesthetic is given through a fine needle into your back. Your anaesthetist will ask you to keep quite still while the injections are given. You may notice a warm tingling feeling as the anaesthetic begins to take effect. Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.

After this you will be made comfortable and moved into the theatre. If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to. Your anaesthetist is always near to you and you can speak to him or her whenever you want to.

How are general anaesthetics given?

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected through a thin plastic tube (a 'cannula') into a vein in the back of your hand or arm (this is generally used for adults);
- You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

Who will look after me during my operation?

A team of theatre staff will look after you and treat you with care and dignity. The team includes nurses, surgeons, anaesthetists and operating department practitioners. All information about you will be kept confidential.

A theatre nurse may be able to visit you if you want a more detailed explanation of what will happen. This may help if you are to have a local or regional anaesthetic and will be awake during the operation.

What should I expect immediately after my operation?

As soon as the operation is finished, the anaesthetic drugs will be stopped or reversed so that you regain consciousness. After the operation, you may be taken to the recovery room. You will have an oxygen mask over your nose and mouth. Recovery nurses will watch you carefully while you are waking up and check your pulse and blood pressure regularly. When you have recovered safely from your anaesthetic, you will be taken back to your ward. The oxygen mask will be removed and although the ward nurses will continue the observations, they will do so less frequently.

After some types of surgery, you may be taken to a small ward or unit because you need extra medical or nursing care. This is called a Critical Care Unit (CCU).

You may feel sick after your operation. Again tell your doctor or nurse who can give you an anti-emetic (anti-sickness drug). You can have these regularly.

A call button will be placed close by so you can call the nurse if necessary. You may be given fluids, and any drugs you need, by an infusion ('drip') into a vein, usually in your arm. This will stay in place until you are able to drink normally.

When any tissue is cut it's normal for blood and fluid to be produced. You may have one or two wound drains (tubes) in place to remove this. Drains are usually taken out after a few days.

Your wound (if you have one) may be stitched or clipped (using staples) together or SteriStrips (strips of sticky tape) may be used to close it. The body can absorb some types of stitches, while others need to be removed several days after your operation.

A catheter (tube) may be placed in your bladder to drain away urine. Catheters are not left in place any longer than necessary.

If you have had an operation on your stomach or bowel, you won't usually be able to eat or drink for a few days. During the operation the surgeon can't avoid handling your bowel and this can cause it to stop working temporarily. Afterwards, it can take several days for the bowel to start working again. You will have a thin tube inserted up your nose and down into your stomach. This is to drain off any fluid and stop you from being sick. It won't affect your ability to speak.

Your nurse will have explained what is likely for you after your operation – you may have none of these procedures or only one or two.

Pain control following surgery

Good pain relief is important. It prevents suffering and it helps you recover more quickly

Will I have any pain after the operation?

The amount of pain you experience will depend on the type of the surgery you have had and your mood. Anxiety is known to worsen pain. It is not uncommon to feel anxious after an operation but you are less likely to feel anxious if you know what to expect. You can work with your doctors and nurses before and after surgery to help control your pain

Your pain needs to be well controlled after surgery so that you can

start walking, do your breathing exercises and get your strength back more quickly. You may also avoid problems, like chest infections, which are more likely to occur if you are unable to breathe deeply or move because of pain.

What treatments can control my pain?

Both drug and non-drug treatments can be successful in helping to control pain. In most cases drugs are given to control pain for a few days after surgery. However, non-drug treatments can be just as important in helping to control pain. These may involve relaxation and distraction techniques as well as learning how to support your wound during movement.

Both you and your doctors and nurses will work together to select the best treatments for your particular surgical pain.

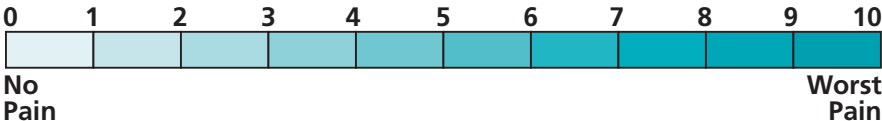
The most common drug and non-drug treatments are outlined on pages 22. Do read about these before your surgery.

How can I help with my pain control?

Your involvement in your pain control is important because pain is such a personal experience.

Assessing your pain

Following your operation, the nurses may ask you to score your pain using a 0-10 scale (see below). At first you may be asked to score your pain quite regularly (every 2 hours).



This is important because your pain scores will be recorded on a chart which will help the doctors and nurses know whether your pain treatments are working.

Can I ask for something to help my pain?

Analgesics (painkillers) are specific drugs which are used to relieve pain. After you have had your operation, you will be given analgesics for as long as you need them.

If at any time you find it difficult to move or breathe deeply because of pain, you must tell the nurses so that they can review your pain control. Pain should be treated early, rather than allowing it to become worse. If your pain is well controlled you will be able to move and do your breathing exercises. This will prevent problems like chest infections which may extend your stay in hospital.

Many people fear that they may become addicted to analgesics. This is very rare and usually linked to previous drug abuse.

Some people also feel that pain is the body's way of stopping them doing too much before the healing process is complete. Taking analgesics will not interfere with the healing process.

Try to keep relaxed. Anxiety affects the way you feel pain and tends to make it worse. If you are worried or feel you need more information, talk to your nurses and doctors. This may help.

What analgesics are used for pain control?

Following your operation, you will be given regular analgesics. The type of drugs you will be given will depend on the extent of your surgery and the amount of pain you have. There are many different types of analgesics and your doctors and nurses will choose the best ones to control your pain after talking to you about it.

Analgesics for mild to moderate pain

Common analgesics for mild to moderate pain include:

- **Paracetamol** for mild pain
- **Co-codamol** for mild/moderate pain

- **Co-dydramol** for mild/moderate pain
- **Tramadol** for mild/moderate pain

These drugs are often given after minor operations or when the pain following a major operation is beginning to settle. Sometimes these drugs cause drowsiness and constipation. If you are concerned about any of these side effects, ask your nurse for further advice.

Analgesics for reducing inflammation

Other analgesics work by reducing inflammation around the wound site. The most common anti-inflammatory drugs are:

- **Diclofenac** also known as Voltarol. This can be given as either a tablet or a suppository
- **Ibuprofen** also known as Brufen

Anti-inflammatory drugs are often given with other analgesics such as co-dydramol and morphine. This is because they increase the pain relieving effects of these drugs.

Anti-inflammatory drugs can cause some stomach irritation, such as indigestion. To prevent this, they should be taken with food. If you have had any stomach problems in the past, such as an ulcer, tell your doctor. You may not be able to take these drugs. People with asthma must also use these drugs carefully.

Analgesics for more intense pain

Stronger analgesics are often used in the first few days following some types of surgery. Pain is expected to be more intense then. Commonly used strong analgesics are **morphine, diamorphine, oxycodone** and **fentanyl**. These drugs may be given by infusion, injection or as patient controlled analgesia (PCA) – see page 24 for more information.

Occasionally some side effects occur with stronger analgesics. A few people feel sick, although this may be due to other factors such as the

anaesthetic. Sickness can usually be prevented with regular anti-sickness drugs. If you feel sick, or have felt sick after a previous operation, tell your doctor or nurse.

Sometimes strong analgesics cause other side effects, such as drowsiness, itching and constipation. Usually these aren't too troublesome, but if they are, you can be given other medicines to prevent them. Occasionally you may need to change to another drug to control your pain.

How are analgesics given?

Analgesics can be given in the following ways:

- As tablets or liquid which you swallow or dissolve under your tongue
- As a suppository which is put into your rectum (back passage)
- By injection into the tissues just under the skin or into a muscle
- By a constant slow infusion into a vein or the tissues under the skin
- As patient controlled analgesia (PCA) – which allows you to press a button on a handset to infuse a set dose of analgesic into a vein
- As a special infusion through a small tube into your back – this is known as an epidural.

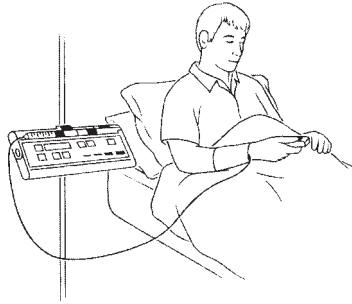
Your doctors and nurses will suggest the most suitable way of providing you with pain relief.

Three methods for giving pain medicines after an operation

Patient Controlled Analgesia (PCA)

Patient Controlled Analgesia (PCA) allows you to control your own pain by using a special PCA pump.

When you see the anaesthetist before your operation you may be offered the opportunity to use a PCA pump. If you and your anaesthetist decide this is a good idea, you will be given information about how to use the pump before your operation.



This kind of pump means you can press a hand held button which will deliver a set dose of a strong analgesic (such as morphine, diamorphine or fentanyl) into your vein when you need it. In other words you are in control and can press the button as you want. You may worry that you might give yourself too much morphine. However there's no need as the pump is designed to only give you a safe dose each hour. You should press the PCA button whenever you start to feel uncomfortable and before moving in bed or getting out of bed.

The pump will be set up whilst you are in the recovery room. When you wake up, the nurses in the recovery room will remind you how the PCA works and help you start using it.

The PCA pump will be stopped when you and the nurses feel that you no longer need it. This may be a few days after your operation. Usually you will need to take tablets for pain relief for a few days once the PCA has been stopped.

Epidural Analgesia

Epidurals may be used during and/or after some types of surgery for pain relief. A fine plastic tube is inserted into your back into the 'epidural space', which is close to the nerves in spinal cord. Drugs which are given through this fine tube, act directly on spinal nerves without having to travel in the blood stream. This type of pain control can be used for hours and sometimes days after your operation.

An epidural may not always be possible, or necessary, and your anaesthetist will discuss this with you before your operation. If you

do have an epidural, your anaesthetist will put it in when you are in theatre.

A combination of two drugs are used in an epidural. These include a strong analgesic (such as fentanyl) and a local anaesthetic drug (such as bupivacaine). Both of these drugs work together to provide very good pain relief. When you have an epidural the aim is to keep you comfortable and able to move around in bed, sit out of bed and even walk. Occasionally the local anaesthetic drug may make your legs feel a little numb and heavy. This is only a temporary effect and nothing to be worried about. The 'heavy' feeling soon wears off when the dose of the local anaesthetic drug is reduced or stopped.

A side effect of epidurals is the inability to pass urine. The epidural affects the nerves that supply the bladder, so a catheter ('tube') will usually have to be inserted to drain it. Bladder function returns to normal when the epidural wears off.

The epidural will be stopped when you and your doctors and nurses feel you no longer need it. This is usually three to five days after your surgery. Once the epidural has been stopped, you will be given analgesics by mouth until you no longer need them.

Continuous Subcutaneous Analgesia

With this method of analgesia a small battery operated pump is used. This gives an infusion of diamorphine into a small plastic tube which is placed just under your skin (usually in your arm). The pump is roughly the same size as a personal stereo so you can easily carry it when you walk around.

Once you are able to eat and drink, the pump will be stopped. The nurses will then give you analgesics by mouth until you no longer need them.

Non-drug treatments to control pain

Non-drug treatments include some complementary therapies which

can be effective for mild to moderate pain and boost the pain-relief effects of drugs.

They include:

- Simple relaxation techniques such as abdominal breathing, visualization exercises, and listening to relaxing music.
- Supporting your wound when coughing, deep breathing or moving after surgery.
- Massage, which works on the muscles to release excess tension and can help with relaxation.

You can discuss these with your nurse before your operation. As other complementary therapies may not be suitable to use immediately after surgery, you should check first with your doctor or nurse.

If you are having a major operation, a physiotherapist will visit you before and afterwards. The physiotherapist will teach you breathing exercises and how to support your wound when moving.

What can I do to help?

After your operation these points may be helpful:

- **Ask** for pain relief or anti-sickness drugs if you feel uncomfortable. If you're given tablets to take home, remember to take them regularly for the first couple of days.
- **Check** before drinking or eating anything. Your mouth may feel very dry and you will want to drink. Use a mouthwash first of all and then start taking sips of **water only**. If you don't feel sick, you will be able to drink more and then have something light to eat.
- **Do** the deep breathing and leg exercises you were shown before your operation.
- **Call** the nurse if you want to get out of bed, don't try to do it on your own. It takes up to 24 hours for the effect of general

anaesthetic to wear off. If you're going home on the day of your operation, ask what you can and can't do. You will probably be advised not to drive a car, operate machinery or drink alcohol.

- **Don't** smoke, if at all possible.
- **Ask** if you're unsure or anxious about anything. Everyone is here to help.

In this booklet we have tried to answer the most common questions people ask. You may have more or different questions about your operation. Please ask your surgeon, anaesthetist or nurse if there is anything else you want to know.

You may also find other booklets in this series helpful (see page 33).

What will happen later?

Everyone is an individual. What happens after your operation will depend on the type of operation itself and how quickly you recover.

If you have had a small operation, perhaps as a day patient, you will probably be able to go home the same evening. You will need to be collected by a relative or friend. You may be given tablets to take for pain or sickness and advice about what you can and can't do. You will be given an appointment to come back to the hospital and told when your stitches (or clips) need to be removed and the person who will do this.

If you have had a bigger operation, you will be staying in hospital longer. You will usually be encouraged to get up and move around, with help, when you have recovered from the anaesthetic.

Over the next few days any tubes you have will be removed – your surgeon and nurse will tell you when. You will be able to start drinking and then eating normally. Any stitches may be taken out between seven to fourteen days.

Sources of information and support

Macmillan Cancer Support

89 Albert Embankment

London SE1 7UQ

Tel: 020 7840 7840

Macmillan Cancerline: Freephone 0808 808 2020

Website: www.macmillan.org.uk

Provides free information and emotional support for people living with cancer and information about UK cancer support groups and organisations.

Cancer information service: Freephone 0808 800 1234,
or 020 7739 2280 Mon-Fri 9am-8pm

Offers free confidential information about cancer types, treatments and what to expect.

Youthline: Freephone 0808 808 0800

Mon-Fri 9am-9pm

If you are between 12 and 21 years old and have any question or concern about cancer, you can call Youthline.

Patients' Association

PO Box 935, Harrow, Middlesex HA1 3YJ

Helpline: 0845 608 4455

Website: www.patients-association.org.uk

Offers a number of booklets and publications which can help individuals to make the right decision about their healthcare and that of their family. These are available free for download as PDF files (Adobe Acrobat required)

Department of Health (DoH)

DH Publications Orderline

PO Box 777

London SE1 6XH

Fax: 01623 724524

Or you could call the NHS Response Line on 08701 555 455

Website: www.dh.gov.uk/consent

The DoH has a number of documents about the consent process including the booklet Consent – what you have a right to expect: A guide for adults. Please quote reference 24472 when ordering.

www.youranaesthetic.info

This website has been developed by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland. They offer Patient Information Leaflets covering a range of subjects that should be helpful to all patients undergoing an operation. These are available free for download.

Titles include:

Anaesthesia explained

You and your anaesthetic

Your child's anaesthetic

Headache after an epidural or spinal anaesthetic

Your spinal anaesthetic

Epidurals for pain relief after surgery

Website: www.youranaesthetic.info

Notes/Questions

You may like to use this space to make notes or write questions as they occur to you, to discuss with your surgeon, anaesthetist or nurse.

Where can I get help?

If you have any queries about your illness or treatment or have any unexpected problems, please contact:

Your surgeon (Consultant)

or one of his/her team

Your anaesthetist

or one of his/her team

or a nurse

at _____ Hospital

Telephone number _____

or your family doctor

Telephone number _____

Titles available in this series

A number of Patient Information Series booklets are available on the Internet at www.royalmarsden.nhs.uk

After treatment – A guide for cancer patients
Benign breast conditions – A guide for women (pocket booklet)
Breast health – A guide for women (pocket booklet)
Breast reconstruction
Central venous access devices – A guide for patients receiving intravenous therapies
Chemotherapy
Clinical trials
Coping with nausea and vomiting – A guide for cancer patients
CT scan (leaflet)
Eating well when you have cancer – A guide for cancer patients when eating may be difficult
Lymphoedema – A guide for cancer patients
Lymphoedema (leaflet)
MR scan (leaflet)
Radionuclide therapy
Radiotherapy
Tamoxifen (pocket booklet)
Ultrasound scan (leaflet)
Your operation and anaesthetic

Further information about the Patient Information Series and other booklets is available from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

