

## PREOPERATIVE PREPARATION

It is usual practice for your anaesthetist to meet you on the day of surgery. In the meantime, the following information is designed to help you with preparation for your upcoming anaesthetic and surgery. Our expertise as anaesthetists is to keep you safe and comfortable throughout your surgery. We are thoroughly trained and keep regularly updated in the appropriate use and drugs and medical equipment. We are skilled in resuscitation and the management of medical emergencies.

Modern anaesthetic practice, particularly for planned (or elective) surgery, is very safe but not without risk. As part of minimizing risk, there are measures you can take to optimize your health in the time leading up to the day of surgery. These suggestions will not only improve your safety on the day of surgery but will also enhance your recovery in the weeks afterwards.

Preparation for surgery can be an opportunity to think about significant lifestyle changes which will improve your surgical experience in the short term and enhance quality of life in the long term.

The following advice is general and may not be relevant to every patient and every procedure.

### 1. SMOKING

Decreasing the amount of smoking prior to surgery is helpful. Ideally stop smoking 6 weeks beforehand. It is normal for secretions to increase in the weeks after cessation of smoking but it is still worthwhile especially if you use this as an opportunity to stop smoking altogether.

### 2. ALCOHOL (AND RECREATIONAL DRUGS)

Attempt to reduce alcohol intake leading up to time of surgery. Do not consume alcohol or recreational drugs for at least 24 hours prior to surgery.

### 3. NUTRITION

Eat healthy and nutritious food in the time leading up to the surgery. Minimize high carbohydrate/sugary foods and drinks in your diet. If you are overweight, losing even a few kilograms preoperatively will improve the safety of your procedure and will enhance your recovery. Consider the long-term advantages of adopting lifestyle changes. Patients who are underweight or overweight may benefit from a consultation with a dietician or nutritionist prior to surgery.

### 4. EXERCISE

Regular exercise (at least 3 – 4 times per week) improves cardiovascular fitness, flexibility and muscle strength and will enhance postoperative recovery. Ideally a regular exercise regime should be part of a healthy lifestyle. Consider seeing a physiotherapist or personal trainer if you do not usually exercise with the aim of developing a programme suitable to you.

### 5. ANAEMIA

If you have a history of anaemia, ensure that you have a recent blood test and that your blood count is optimized prior to elective surgery. This can usually be managed by your GP.

### 6. ELDERLY PATIENTS

For elderly patients there is a risk of confusion after anaesthetic and surgery. This is more likely if surgery is urgent or if there is a history of confusion or delirium. For many elderly patients the hospital may be a new physical environment and this is a contributing factor to confusion. Ensure hearing aids and eyeglasses are working and bring them to hospital. Bringing a familiar object from home may also be useful. Preoperative cognition training (puzzles, memory games) may also be helpful in reducing the risk of perioperative confusion.

Make sure Power of Attorney and Advanced Health Directives are updated prior to admission. This may be an opportunity to discuss your wishes with family members or next of kin.

### 7. LONG HAUL FLIGHTS

Long flights increase the risk of clots in the leg which can migrate to the lung. If possible, avoid long haul flights prior to lower limb operations and any major surgery. If a long flight is unavoidable, ensure you wear compression stockings, mobilise as much as possible and keep well hydrated throughout the flight. Inform your anaesthetist of any recent travel or lengthy journeys prior to surgery.

## 8. PAIN RELIEF

Postoperatively early gentle mobilisation will aid your recovery and reduce the risk of complications such as chest infections and blood clots. In order to mobilise, you will need to be reasonably comfortable. You will be prescribed appropriate pain medication (analgesics) depending on the nature of your surgery. Some side effects of pain killers can be nausea and vomiting, constipation and drowsiness. Everyone differs in their response to analgesics and it is best to discuss pain relief with your anaesthetist with the aim of minimizing side effects. Operations differ in the degree of pain they cause in the days or weeks after surgery. It is important to plan to wean off pain killers in a time frame appropriate to your surgery. You may wish to discuss this with your surgeon and anaesthetist.

## 9. DAY SURGERY

If you are having day surgery an adult should accompany you home. Do not drive a vehicle, use dangerous equipment, sign legal documents or drink alcohol for 24 hours after an anaesthetic.

## PREOPERATIVE INSTRUCTIONS

### 1. FASTING

	FOOD	LIQUIDS
<b>Adults</b>	No food, lollies or gum for <b>6 hours</b> prior to surgery.	You can drink small amounts of clear fluids (water, clear apple juice, black tea or coffee, NO milk) until <b>2 hours</b> prior to surgery.
<b>Infants &amp; Children (Newborn – 12 years)</b>	No breast milk, food, lollies or gum for <b>6 hours</b> prior to surgery.	You can drink small amounts of clear fluids (water, clear apple juice, black tea or coffee, NO milk) until <b>2 hours</b> prior to surgery.

The amount of clear fluids to be given to your child at their last drink before the procedure is worked out according to their **weight in kilograms (kg) multiplied by 10 millilitres (ml) of fluid.**

*For example:*

*If your child weighs 12kg: 12kg x 10ml = 120ml*

### 2. MEDICATIONS

Most medications can be consumed with water on the morning of surgery however there are some exceptions and you may need to seek advice:

- Blood thinners (e.g. Aspirin, Plavix, Warfarin) and NOAC's (e.g. Apixaban (Eliquis), Dabigatran (Pradaxa), Rivaroxaban (Xarelto): check with your surgeon regarding perioperative management of blood thinners.
- Cardiovascular medications: usually diuretics (water tablets) are withheld on the morning of surgery; if you are unsure about preoperative blood pressure medications check with your anaesthetist
- Diabetic medications: diabetes varies in its severity, its underlying cause and its effects on major body systems such as the heart, eyes and kidney. Poorly controlled diabetes increases the risk of infection. A recent HbA1C (which gives an indication of your recent diabetic control) provides helpful information to your surgeon and anaesthetist. There is a wide range of medications used to control diabetes, from simple tablets such as metformin to insulin regimes. **Drug alert: SGLT2 inhibitors (gliflozins)** should be withheld for 3 days prior to surgery due to postoperative risk of lactic acidosis. Depending on the complexity of your diabetes and your medication, seek advice from your GP, diabetes educator, endocrinologist or anaesthetist on the management of your diet and medication prior to surgery.
- Herbal medications and fish oil should be withheld 7 days prior to surgery.
- Oral contraceptive pill (OCP) increases the risk of blood clots. Tell your surgeon and anaesthetist if you taking the OCP.
- Try to wean your opioid medications to the minimum required to keep you comfortable prior to surgery.
- Psychiatric medications should usually be continued preoperatively but your anaesthetist should be notified.

If there are any medications you are unsure about please contact your anaesthetist to discuss.

### 3. RECENT CHEST INFECTIONS/ FEVERS

Inform your surgeon or anaesthetist prior to admission if you are unwell with cough, fever or flu-like symptoms prior to surgery.

### 4. CPAP

If you have sleep apnoea and do not always comply with treatment, using CPAP for 2 weeks prior to surgery will improve your heart and lung function and make your anaesthetic safer. Please bring your CPAP device to the hospital.

## RISKS ASSOCIATED WITH ANAESTHESIA

Modern anaesthetics are very safe but no intervention is without risk. Factors affecting risk are the nature of the surgery and the underlying condition of the patient.

Surgery can be categorized as minor, intermediate and major. Risk ranges from very low with minor surgery to moderate or high with major surgery (e.g. cardiac surgery).

Emergency surgery carries greater risk than planned or elective operations, partly because the patient is likely to be unwell. Patient risk factors are related to increasing age and co-existing disease. Conditions such as obesity, diabetes, heart disease, sleep apnoea, kidney disease and neurological disorders can significantly increase the risk of surgery and anaesthesia.

### COMMON UNWANTED SIDE EFFECTS

- Nausea and vomiting
- Headache
- Pain/bruising at injection site
- Sore or dry throat and lips
- Drowsiness
- Shaking
- Itching

### UNCOMMON UNWANTED SIDE EFFECTS

- Damage to teeth or lips
- Damage to throat or vocal cords
- Allergic reactions/anaphylaxis
- Blood clot in leg
- Awareness under general anaesthetic
- Pneumonia (sometimes due to aspiration of vomit into lungs)
- Seizures
- Nerve damage
  - Can be due to pressure and usually improves with time
  - Can be due to local or regional anaesthetic

### VERY RARE RISKS WHICH CAN CAUSE DEATH

- Severe anaphylaxis
- Stroke or heart attack
- Blood clot in lungs
- Brain injury
- Malignant Hyperthermia (rare inherited disorder)