

# You and your anaesthetic

**Information to help you prepare for your  
anaesthetic for ECT**

**Fourth Edition 2014**

This leaflet gives information to help you prepare for your anaesthetic. It has been written by patients, patient representatives and anaesthetists, working together.

You can find more information leaflets on the website [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo). The leaflets may also be available from the anaesthetic department or pre-assessment clinic in your hospital.



Throughout this leaflet and others in the series, we have used this symbol to highlight key facts.

## What is anaesthesia?

Anaesthesia stops you feeling pain and other sensations.

**General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing. In order for you to have your ECT treatment you will be given a general anaesthetic and muscle relaxant

### Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss the type or types of anaesthetic that are suitable for your ECT. If there are choices available, your anaesthetist will help you choose what is best for you
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your ECT treatment
- make your experience as calm and pain free as possible.

### The pre-assessment

Prior to starting your ECT treatment your doctor will assess your general health. You will be asked questions and a doctor may listen to your heart and lungs. Tests will be organised if necessary. This will often include blood tests and an ECG (heart tracing).

You are likely to be checked for certain important infections – usually by using a swab on your skin, or in your nose.



Your doctor will make an accurate list of the medicines you take. Please bring a list or the medicines themselves in their boxes.

If you are allergic to anything, this will be written down.

If necessary, arrangements may be made for you to see an anaesthetist.

## More information

This is a very useful opportunity for you to ask any questions that you have about the anaesthetic and about the Treatment generally. If the staff do not have all the answers you need, they will be able to help you find out more.

## Before coming to hospital

- If you smoke, giving up for several weeks before the treatment will reduce the risk of breathing problems during your anaesthetic, making your anaesthetic safer.
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth during the anaesthetic.
- If you have a long-standing medical problem such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure, you should ask your GP if you need a check up.

## On the day of your ECT treatment



### Nothing to eat or drink – ('nil by mouth')

The hospital / Doctor should give you clear instructions about eating and drinking. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and damage your lungs.

**If you are a smoker** you should not smoke on the day of your ECT treatment.

**If you are taking medicines:** you will be advised by the doctors and nurses which medications you should take on the morning of treatment.

**If you feel unwell** when you are due to have ECT, please tell the ward staff or telephone the the Treatment Suite for advice. Our number is 2261678

## Meeting your anaesthetist

Your anaesthetist will meet you before your ECT treatment. They will refer to the discussion you had with your ward doctor. They will discuss the anaesthetic, including benefits and risks.

**A needle** is used to start most anaesthetics in adults. If you are very worried about this, please talk to your anaesthetist.



Nothing will happen to you until you understand and agree with what has been planned. You have the right to refuse if you do not want the treatment suggested or if you want more information or more time to decide.

## When you are called for your ECT

- A member of staff will go with you to the Treatment Suite.
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room.
- Jewellery and/or any decorative piercing should ideally be removed. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin.
- You may walk to the Treatment Suite, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your own clothes for the treatment.
- **Final checks** will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked to confirm your name, the nature of the treatment you are having, when you last ate or drank and your allergies. These routine checks are normal in all hospitals.

## Starting the anaesthetic

Your anaesthetic will usually be given in the treatment room. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will attach machines that measure your heart rate, blood pressure and oxygen levels.

Almost all anaesthetics start with a needle being used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist. A needle cannot usually be avoided, but there are things he/she can do to help.

**The Recovery room:** After your ECT, you will usually be taken to the recovery room. Recovery staff will make sure you are as comfortable and free of nausea as possible. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward or allowed to go home later that morning if you are having ECT as an outpatient.

## **Pain relief afterwards**

You may have a headache or muscle pains after your ECT treatment. Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations. Please let staff know if you have any pain.



Occasionally, pain is a warning sign that all is not well; therefore, you should always report it to your nurses and seek their advice and help. Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**

These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick, for these drugs to work. Usually paracetamol and rest is all that is needed to alleviate this pain.

- **Suppositories**

These waxy pellets are put in your rectum (back passage). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit.

## Understanding risk

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.

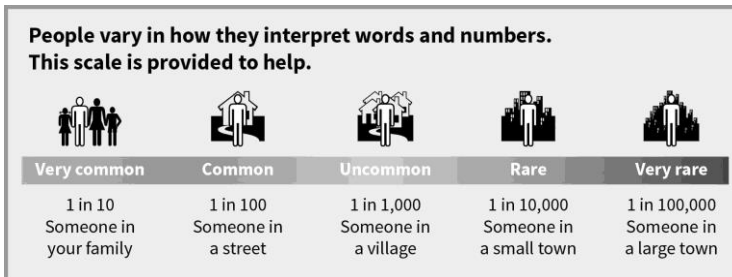
To understand a risk, you must know:

- 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
- treatment that is done in an emergency.

More information about risks associated with having an anaesthetic can be found on [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo).



## **Side effects and complications**

More information on the side effects and complications than is listed here is given in the booklet Anaesthesia explained ([www.rcoa.ac.uk/document-store/anaesthesia-explained](http://www.rcoa.ac.uk/document-store/anaesthesia-explained)).

## **General anaesthetic**

### **Very common and common side effects**

Feeling sick and vomiting after surgery  
Sore throat  
Dizziness, blurred vision  
Headache  
Bladder problems  
Damage to the lips or tongue (usually minor)  
Itching  
Aches, pains and backache  
Pain during injection of drugs  
Bruising and soreness  
Confusion or memory loss

### **Uncommon side effects and complications**

Chest infection  
Damage to the cornea of the eye  
Damage to teeth  
An existing medical condition getting worse  
Nerve damage to peripheral nerves  
Awareness (becoming conscious during your operation)

### **Rare or very rare complications**

Damage to the eyes including loss of vision  
Heart attack or stroke  
Serious allergy to drugs  
Nerve damage to nerves in the spine  
Death  
Equipment failure causing significant harm

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.



## Questions you may like to ask your anaesthetist

- Who will give my anaesthetic?
- Do I have to have a general anaesthetic?
- What type of anaesthetic do you recommend?
- Have you often used this type of anaesthetic?
- Will I be unconscious and completely unaware during this kind of anaesthetic?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

## Tell us what you think

We welcome any suggestions to improve this leaflet. You should send these to:

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This leaflet is an abbreviated version of the leaflet “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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This leaflet will be reviewed within five years of the date of publication.

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