Operation: ease the nerves

Anxious about what happens when you're given a general anaesthetic? Breathe *talks to two anaesthetists who describe what it's like to 'go under' and go to great lengths to allay any fears*

Few people are lucky enough to make it through life without ever needing a surgical procedure, be it a heart bypass, cesarean section or a set of stitches to close a wound. Many are performed using a local anaesthetic, where a specific area of the body is numbed but you remain conscious and alert. Others require a general anaesthetic, which means the patient is unconscious. With both local and general, there should be no pain during the operation, procedure or treatment, but it's the latter – and that thought of 'going under' – that raises many a patient's anxiety levels.

With this in mind – and the fact that everyone's different and will naturally have varied expectations and concerns when it comes to surgery and anaesthetics – an understanding of what to expect on the day of your surgery often helps to alleviate anxiety. So, what really happens when you 'go under'?

1 What is anaesthesia?

General anaesthetics are powerful drugs that render a patient unconscious so they don't feel pain during surgery. They affect many different functions in the body – stopping the brain responding to signals travelling from the nerves, paralysing the muscles and reducing the body's stress response, which help recovery. Many of today's life-saving operations would be impossible without them. They're administered by doctors with specialist training – known as anaesthetists in the UK and Australia, and anaesthesiologists in the US and Canada – who remain with the patient throughout surgery, monitoring them constantly. General anaesthesia can be given via injection into a vein, as gases through a mask or a combination of both, and it's part of the anaesthetist's job to decide which combination of drugs to use in each specific case.

2 Is it normal to feel anxious?

In a word – yes! The Royal College of Anaesthetists (RCOA) in the UK says that it's common for patients to be anxious before an operation. Dr Toni Brunning, a qualified anaesthetist and vice president of the RCOA, says an important part of an anaesthetist's role when meeting patients is to help alleviate that anxiety. 'It's a hard thing for human beings to accept that lack of control,' she says. 'Essentially you're going to meet me, I'm going to render you unconscious – then wake you up again.' She says there are three main causes of anxiety that she hears time and again: 'People are worried they are going to wake up during surgery, lose control of some bodily function or dignity while asleep or not wake up at all.' They're fears that are extremely unlikely to be realised, but it's still important to discuss them with your anaesthetist. It's also useful to do some homework if possible.

3 What prep can I do?

If your surgery is planned – rather than an emergency – there are many things to look at and do beforehand. Dr Donald Arnold, from St Louis, Missouri, is president of the American Society of Anesthesiologists. He says that in some cases and parts of the world, patients might be invited to pre-anaesthesia clinics before the day of their surgery. While that might not happen for everyone, most can expect to receive information in advance about their procedure, what to do beforehand and what to bring to hospital. 'You will be told what to do about any medication you're taking, when to fast and drink water,' says Dr Arnold. 'It's also a good idea to bring a family member or trusted friend along with you on the day.'

Both the American Society of Anesthesiologists and the RCOA have resources for patients on their websites. Dr Arnold also points out that if you want to research your health condition or procedure further, it's best to use trusted sources, such as official organisations or charities.

4 What can I expect on the day of surgery?

A few hours ahead of your procedure, the anaesthetist will likely talk to you to get an overview of your medical history and answer any questions you have. Dr Brunning says this is a crucial time to 'build trust', adding that she doesn't take it lightly that 'patients have to put their whole faith in me to look after them while they're unconscious'. Dr Arnold agrees, pointing out that face-to-face contact is a valuable time to voice any concerns and seek reassurance. 'Communication is essential,' he says. 'I want to know the primary things you have been thinking about with regards to your surgery.'

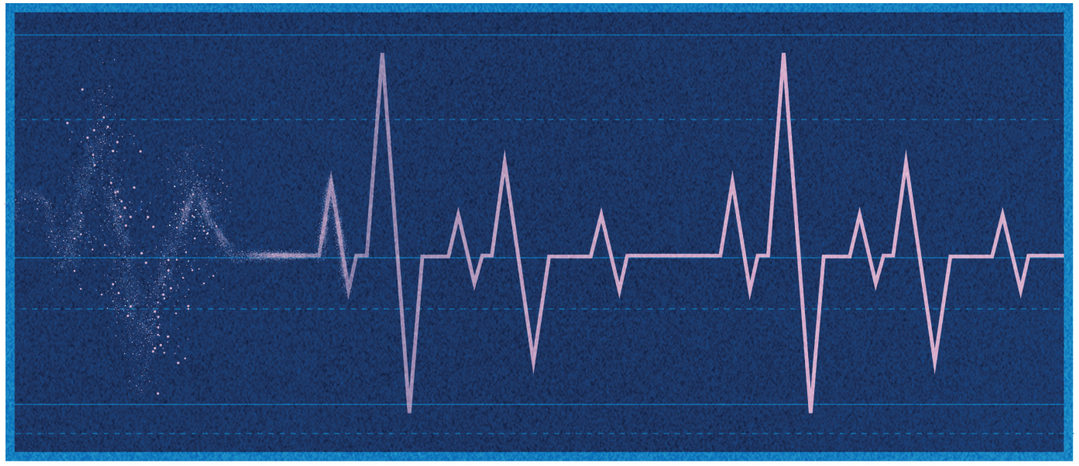
Once the operating theatre is ready, your anaesthetist will start to administer the general anaesthetic, having already decided upon which drugs are most effective for your specific needs, including your overall state of health, any underlying conditions and the procedure you're about to undergo. 'I try to explain to patients each thing that is happening,' says Dr Arnold. 'My full focus is on making sure they feel safe and not surprised by anything, such as a blood pressure cuff or oxygen mask.' He adds that when the time comes for the general anaesthetic to be administered, 'in seconds you will transition from being awake and having some conversation to being asleep'.

5 Is anaesthesia safe?

Dr Brunning says one of the most common concerns among patients is that they'll 'go to sleep and never wake up', but anaesthesia is safe. Even in rare cases where a patient suffers an allergic reaction, she notes that 'there's no better place to have anaphylaxis than with an anesthetist by your side'. The drugs given during a general anaesthetic can affect your breathing, so a breathing tube is usually inserted once you're unconscious to maintain your airway and keep you safe. This is called intubation. The tube is removed before you wake up, so most patients have no memory of it ever being there. Dr Arnold says patients undergo 'continuous monitoring to make sure they remain safely anaesthetised and the heart, lungs, temperature and nervous system are all stable'. The thing to remember, says Dr Brunning, is that 'for many patients, the treatment is needed and the surgery is often lifesaving. When you look at it like that, then the safest option is to have the operation.'

6 Can I wake up during the operation?

Another common fear concerns waking up during surgery. This is called 'accidental awareness', but it's rare. A 2014 study called Accidental Awareness during General Anaesthesia in the



UK and Ireland found that some awareness happened in one in every 20,000 operations, but the RCOA says that advances in equipment and monitoring in the decade since have made it ever rarer. 'One of the things I like most about being an anaesthetist is that it's an area of medicine that involves one-to-one care of a patient over a number of hours,' says Dr Brunning. 'Once a patient is anesthetised they are literally monitored beat-by-beat.' ECG monitors show the patient's heartbeat, an oxygen probe on the finger and blood pressure cuff monitor vital signs, intubation helps the patient breathe and the depth of anaesthesia is monitored continuously. Any rise in consciousness can be detected immediately. The most common things patients report remembering is the removal of the breathing tube as they gain consciousness, or dreams during their time in the recovery ward. 'Awareness of noises tends to return first, so patients sometimes report hearing the medical staff talking as they are taken into recovery,' says Dr Brunning.

7 What about my dignity?

With unconsciousness comes a loss of control and patients must put their trust in the medical team, which often means relying on a room full of strangers. Dr Brunning emphasises that 'theatres are very respectful places' and patients should take comfort that they're in a 'room of trained professionals'. She says: 'We feel privileged to be with you during such a vulnerable time, and that is not taken lightly by any of the doctors, nurses, anaesthetists or other staff involved in your care.'

Then there's what Dr Brunning calls 'the embarrassment factor'. She explains: 'Patients worry about going to the toilet, making strange noises or breaking wind while they're on the table. But, in reality, it's very rare. We don't really notice bodily functions, and if something does happen the nurses simply deal with it.' As for talking during your sleep – that's prevented by the breathing tube. Dr Arnold adds that some people worry they might become disinhibited under sedation, or when they're waking up, and have conversations they might not later recall, but again it's important to remember you're in the hands of professionals.

Even during surgeries where a more private part of the body needs to be exposed, such as urology or gynaecology, screens and covers are used to maintain the patient's dignity. 'It's a respectful environment,' says Dr Brunning.

8 What happens afterwards?

Dr Brunning says that, if she's done her job well, her patients should wake up 'feeling comfortable, calm and relaxed'. Anaesthesia is a state of unconsciousness. It is not sleep – so you do not go through sleep stages or feel the passing of time. 'One of the most common things people ask when they wake up is "is that it?" or "is it done?",' says Dr Brunning. 'It's pretty cool – you can be anaesthetised at 11am, wake up 12 hours later after major surgery and have no concept of the time that has passed.' Your anaesthetist will probably be with you as you wake up but you might not have any memory of talking to them. Most patients first become truly aware of their surroundings when they are on a recovery ward being looked after by nurses. You will be given ongoing pain relief – often prescribed by your anaesthetist – as you come around. You might also be offered something to eat and drink. If you've been given additional regional anaesthesia during the procedure, such as an epidural, you might experience some loss of feeling for several hours afterwards. If you have any questions or worries during your recovery, the nursing staff are there to help.

'I think my job is such a privilege,' says Dr Brunning. 'I get to be with people at their most vulnerable time and I never forget that a normal working day for me is always a very big day for you.' Dr Arnold agrees, adding that surgery can be 'an important and critical life event', but you should view your anaesthetist or anaesthesiologist as your advocate and share any concerns with them. 'I find joy in what I do every single day and it's special to engage with patients and their families at such a critical time in their lives.'

Words: Jade Beecroft

For more information, visit rcoa.ac.uk or asahq.org and follow @rcoanews and @asa_hq on Instagram

ILLUSTRATIONS: IRINA PERJU

OTHER TYPES OF ANAESTHESIA

Some medical procedures don't require a general anaesthetic, in which case you might be offered a different type of pain relief. There are several options – here are a few

Local anaesthesia. These can be given via sprays, ointments or injections and numb a small part of the body. They are commonly used by dentists for procedures such as fillings, dermatologists for surgeries such as mole removal, opthalmologists for cataract surgeries or in trauma medicine to stitch to a wound. The patient stays conscious and might feel some tugging or pulling in the area, but crucially should be free from pain. If you experience any discomfort during a procedure under local anaesthetic you should tell your doctor immediately, as your pain relief can easily be topped up if more is needed.

Regional anaesthesia. Local anaesthetics can also be injected near to a nerve or group of nerves that govern a larger or deeper part of the body, which can numb a significant part of the body for several hours. Spinals and epidurals are often used during caesarean section births, hip replacements or abdominal surgeries, so the patient remains awake but pain-free, while nerve-blocks can be used for arm or leg procedures. Anaesthetists can also give regional anaesthesia in combination with general anaesthetic to help the patient remain pain-free when they wake up.

Sedation. Sedatives make the patient feel drowsy or relaxed during a procedure and can be given via an intravenous drip into a vein, or as a gas through a mask. Sedation is often given during investigative procedures such as colonoscopies and endoscopies, some parts of IVF fertility procedures or eye surgeries under local anaesthesia. You can also request sedation if you are struggling with anxiety – such as those with a fear of dentists or MRI scanners.