

Anaesthesia Q&A with Dr Anton Krige

1. I need stimuli, particularly light and noise, to be kept to a very low level. Who should I tell about this? Should I tell my surgeon? I am also worried that the information might not get passed on.

Please refer to the RCOA patient Info leaflet which covers this. Mention it to your surgeon as well as at Pre-Op Clinic Visit & again on the day of surgery to your allocated anaesthetist and anaesthetic nurse. The more the better so its not missed. It should then be added to the morning operation list team brief with the whole surgical team present & the necessary modifications made for you.

2. I've had a persistent chesty cough for 15 years plus? Is this a problem for having an anaesthetic? Should I report this to the pre-operative assessment team?

Yes, report to your GP in the 1st instance so he can start investigating & if appropriate refer to a chest physician which will prevent further delays to surgery if this only starts during your surgery pathway. If not then it will be picked up at pre-op assessment & the same procedure followed. Without the cause & severity impossible to answer whether it will affect anaesthesia & overall surgical risk or not & also depends greatly on the type of proposed surgery.

3. I am an adult, but a family member always gives me all my care at home, my personal care, helping me eat etc. Would they be allowed to stay all the time whilst I was in hospital for surgery. Who within the hospital would make the decision about them being allowed to stay with me.

That is unlikely in usual surgical ward areas where limited to visiting hours but there is more flexibility on critical care however your own hospital may make allowances & this would be questions to ask at Pre-op Assessment & of the surgeon as early as possible in the pathway.

4. The NICE Guidance on ME says to provide people with ME with a side room where possible. Who makes the decisions about the allocation of side rooms?

Hospital bed managers – the clinical team can make the request.

5. Who would arrange care for me if I needed additional care after my surgery and how do I ensure this is in place ready for when I am discharged so I avoid a lack of care in the community extending my hospital stay?

Highlight to GP, surgeon, pre-op clinic team so between them they can arrange district nurses, possible community OT assessments & home adjustments in advance & prediction of discharge date home so those services are in place for correct timing. How efficiently this occurs varies between NHS Trusts/regions.

Medication

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6. Which medications are blood thinners? Why might these be dangerous to someone having surgery?

*Prescription anticoagulants: warfarin; antiplatelet drugs – aspirin & clopidogrel; so called DOAC which have replaced warfarin. -apixaban etc
Excessive uncontrolled bleeding during/after surgery.*

7. Is it helpful for anaesthetists to have a complete list of vitamins and supplements for the surgery? Should this include homeopathic medication?

Yes & yes

8. What other supplements may need to be tailed off before surgery?

There are too many to give a complete answer & the interactions will be unknown for many some supplements can increase the risk of surgery or procedure because they:

- Prolong the effects of anaesthesia
- Increase the risks of bleeding
- Raise blood pressure
- Interfere with other medications
- Cause heart problems

Potential risks of common herbs and supplements

Ephedra (Ma-Huang) — An appetite suppressor, it can interact with some blood pressure medication to cause dangerous increases in blood pressure or heart rate.

Garlic — Some people take it to lower their cholesterol and blood pressure, but it can increase bleeding.

Ginkgo — Used to improve memory, it can increase the risk of bleeding.

Ginseng — Taken to improve concentration, ginseng can increase your heart rate and the risk of bleeding.

Kava — Used to ease anxiety, Kava can increase the effect of anaesthesia.

St. John's Wort — Used to ease anxiety and help with sleep problems, but it may prolong the effects of anaesthesia.

Valerian — A sleep aid, it can prolong the effects of some types of anaesthesia.

Vitamin E — Some people take it to slow the aging process but it can increase bleeding and cause blood pressure problems.

We would like to thank Dr Krige for answering these questions. The final instalment of the Q+A will be published in our next Newsletter.