

Affix patient's label if available

Patient Name

Hospital Number

HKID No.

Sex/ Age

Ward/ Bed

Introduction to general anaesthesia - information for patients

Introduction

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation. Your anaesthesiologist achieves this by giving you a combination of drugs. Usually the first step is to inject medication intravenously (i.e. into a vein) through a small plastic tube, placed usually in your arm or hand. This is known as induction of anaesthesia. Induction is occasionally achieved by breathing a mixture of anaesthetic gases with oxygen. If the surgery or other factors require your muscles to be relaxed, e.g. in surgery on the abdomen, then a muscle relaxant drug is given and a tube is inserted into your throat and down your windpipe to help you to breath.

While you are unconscious and unaware your anaesthesiologist remains with you at all times, monitoring your condition and controlling your anaesthetic, replacing fluid or blood. At the end of the operation, your anaesthesiologist will reverse the anaesthetic and you will regain awareness and consciousness in the recovery room, or as you leave the operating theatre.

General anaesthesia is safe. There are, however, some possible risks and complications. You may develop allergic reactions that are discovered during surgery. It is not uncommon to have some nausea and vomiting after surgery. There is a small risk of chest infections, strokes, heart attacks, and even death during or after anaesthesia. These risks are small and more likely in older patients who have medical problems or previous history of strokes or heart attacks. Because the body lies still during surgery, pressure points may develop. If a part of the body gets too much pressure, this can result in nerve damage, paralysis, blindness and skin ulcers, depending on the position you are in during surgery. Precautions are taken to prevent this from happening. If excessive bleeding occurs during surgery the anaesthesiologists may decide to give you blood transfusion. This is done only when necessary to prevent death or significant medical complications. Because of the tubing being placed in the throat, the throat may feel sore afterwards. The site of your IV can rarely become infected.

Some operations can be done under regional anaesthesia, nerve blocks, or no anaesthesia. Please consult your anaesthesiologist for advice.

Please be reminded that complications may happen. Some of them are mentioned at the back of this fact sheet. Most of the complications can be prevented through good communication.

Risks of general anaesthesia

We do not have the exact incidences of the anaesthetic and related complications in Hong Kong. However, some data have been collected in some overseas countries and they are quoted for your reference. Please bear in mind that they may not reflect the situation in Hong Kong.

- Anaesthetic related death in Australia in 1999 is 0.13:10,000. UK Confidential Enquiry into Perioperative Death (CEPOD) in 1987 within 30 days solely due to anaesthesia is 1:185,000.
- Most studies in the last 10 years quote incidence of anaesthesia-related cardiac arrest of 0.12-1.4:10,000, with associated mortality rates of 0.06-0.6:10,000. Shah et al reported that the perioperative myocardial infarction rates were 5% if time from MI to operation was >6 months, 15% if between 3 and 6 months, and 37% if <3 months. Rao et al reported a lower perioperative MI rate with aggressively perioperative monitoring and management.
- Most studies found an aspiration incidence of 1:2131-3216 during anaesthesia with a mortality rate of 1:45,454-71,829. The incidence is greater in patients with poorer ASA status and emergency cases. With regard to obstetric anaesthesia, incidence of aspiration is 1:1,431-1,547.
- Failure to intubate a patient's trachea or ventilate a patient's lungs is estimated to occur in 1-3:10,000. The incidence is more common in obstetric population.
- The incidence of peri-operative cerebrovascular accident varies between 0.08 and 2.9% in general surgical patients with a reported mortality rate of 46%.
- Life-threatening allergic reactions associated with anaesthesia occur in <1:10,000.
- Most large clinical studies estimate the risk of explicit awareness as <0.3%.
- Peripheral nerve injuries and ocular complications are uncommon.
- Postoperative nausea and vomiting, muscle pain, tiredness, sore throat, headache, drowsiness and dizziness, dental damage, peripheral venous thrombophlebitis, postoperative delirium are rather common.

Complications may happen. Knowing about them will help you and your anaesthesiologist detect them early if they happen.

The doctor(s) have fully explained the above to me (the undersigned) which I fully understand. The doctor(s) have also answered the questions that I have asked.

Signature of Patient

Date

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全身麻醉簡介病人須知

簡介

接受全身麻醉後，你會失去知覺，在手術期間完全沒有感覺。麻醉科醫生是利用數種藥物令你進入這種狀態。通常第一步是使用細小的膠管插入你的手臂或手部，將藥物注射到靜脈內，即麻醉誘導。麻醉誘導有時會使用氣體，你會吸入數種含有氧氣的麻醉氣體，令你昏睡和失去知覺。若手術或其他因素需要病人放鬆肌肉，例如進行腹部手術，亦會使用肌肉鬆弛劑，此時會給你插喉引入氣管內導管，以助你呼吸。

在你失去知覺期間，麻醉科醫生會時刻在你左右，監測你的情況及控制麻醉藥的份量、補充體液或輸血。在手術完結時，麻醉科醫生會解除麻醉效力，讓你在離開手術室前或在恢復室甦醒過來。

全身麻醉是很安全的，但也有可能引致某些風險或併發症，如在手術期間出現過敏反應，或在手術後出現噁心和嘔吐。麻醉亦可能會引致胸肺感染、中風、心臟病發及在麻醉期間或之後死亡，但這些情況並不常見，且較大機會發生在患有其他疾病或曾經有中風或心臟病發的年老病人身上。由於身體在手術時靜止不動，有些部位的壓力可能增加，如身體某部位的壓力過大，可會導致神經受損、癱瘓、失明或皮膚潰瘍，此等併發症要視乎你在手術期間的身體位置。為避免這種情況發生，醫生會作出預防措施。如手術期間流血過多，麻醉科醫生會視乎需要為病人輸血，以免病人失血死亡或出現嚴重後遺症而由於喉嚨內置有導管，手術後或會出現喉嚨痛。進行靜脈注射的部位亦可能會受到感染，但並不常見。

有些手術能在區域麻醉、神經阻滯或無麻醉下進行，有關詳情，請與麻醉醫生查詢。

請留意併發症的潛在可能，本單張背面列舉了部分此等併發症。如醫生和病人能坦誠溝通，大部分併發症均可避免。

全身麻醉涉及之風險

關於在香港因麻醉而導致併發症出現的情況，我們並無實際數字。以下一些外國的數據，卻可供參考，但這些數字未必反映香港的情況。

- 澳洲 1999 年與麻醉有關的死亡率是 0.13:10,000。英國於 1987 年進行相關的調查發現，手術後 30 日內因麻醉造成死亡的比率為 1:185,000。
- 最近 10 年，大部分研究均指與麻醉有關的心動停止發生率為 0.12-1.4:10,000，相關死亡率為 0.06-0.6:10,000。Shah 等學者指出，心肌梗塞 6 個月後接受手術，手術期間再次心梗率為 5%，心梗後 3 至 6 個月內為 15%，不足 3 個月為 37%。Rao 等學者亦指，若手術期間有緊密的監控和護理，心梗率會相應降低。
- 大部分研究發現，在麻醉期間出現肺部誤吸的比率為 1:2131-3216，死亡率為 1:45,454-71,829，其中以 ASA 情況較差及急診手術病人的數字較高。產婦麻醉而出現誤吸的比率為 1:1,431-1,547。
- 為病人氣管內插管或肺部通氣的失敗率估計為 1-3:10,000，在產婦中較為常見。
- 普通手術病人手術後腦血管意外率為 0.08 至 2.9% 不等，此等病之死亡率據報為 46%。
- 因麻醉出現致命過敏反應的比率為少於 1:10,000。
- 根據大部分大型臨床研究估計，麻醉知曉的發生率為少於 0.3%。
- 周邊神經受損及眼部併發症並不常見。
- 手術後噁心及嘔吐、肌肉疼痛、疲倦、喉嚨痛、頭痛、睏倦和頭暈、牙齒受損、周邊靜脈炎及手術後短暫精神錯亂卻頗為普遍。

請留意併發症的潛在可能，更多的了解將有助你及麻醉科醫生及早察覺可能出現的問題。

上述有關麻醉的情況已由醫務人員向我解釋清楚，有關疑問亦已給予我滿意答覆。

簽署

日期