

Procedure Information Sheet – General Anaesthesia (GA)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. General Anaesthesia (GA) refers to a carefully monitored state of drug-induced, reversible unconsciousness, with loss of protective reflexes, when patient will experience variable degrees of amnesia, analgesia, muscle relaxation and sedation. General Anaesthesia will be administered by an anaesthesiologist during the operative procedure.
- 1.2. It involves administering intravenous anaesthetic drugs, anaesthetic gases or a combination of both.
- 1.3. An anaesthesiologist will stay with you all the time during the anaesthesia to ensure your safety during your operation.
- 1.4. You will be given pain relieving drugs during and after your operation. Your anaesthesiologist will discuss with you the different choices for pain relief during your pre-operative assessment.
- 1.5. The planning of GA includes:
 - 1.5.1. Pre-operative assessment with clear explanation by anaesthesiologist.
 - 1.5.2. During the operation, your anaesthesiologist will be monitoring your physiological condition closely and titrate medication according to your condition and requirement.
 - 1.5.3. The duration and level of anaesthesia is tailored to your condition and surgical requirement.
 - 1.5.4. After the operation, you will stay in the post anaesthesia unit for monitoring before discharge to the ward.

2. Procedural Preparation

- 2.1. You should not eat for at least 6 hours before the operation to minimize the risk of aspiration. Drinking of clear fluid would be allowed up to 2-3hrs before operation.
- 2.2. In your pre-anaesthetic assessment, the anaesthesiologist will ask your medical, surgical, anaesthetic, allergy, social and medication history and perform a physical examination.
- 2.3. Your anaesthesiologist will advise you on which medications you should or should not take on the day of your operation. Relevant medication can be taken with sips of water according to anaesthesiologist's instructions.
- 2.4. You may be given premedication at the discretion of your anaesthesiologist.
- 2.5. A valid consent form for GA should be signed after comprehensive assessment and clear explanation by the anaesthesiologist.

3. Procedure

- 3.1. On arrival to the operation theatre, our nursing staff together with the surgeon and anaesthesiologist in charge will check to confirm your name, the operation and the site of operation before induction of anaesthesia.
- 3.2. In the operating theatre, your anaesthesiologist, surgeon or operating nursing staff will insert a plastic catheter into your vein for giving medication, fluid and blood transfusion if required.
- 3.3. Various monitors will be attached to you. The degree of monitoring depends on your physical condition and the nature of the operation. The aim is to monitor your vital signs including blood pressure, heart rate, rhythm and oxygen saturation throughout the procedure to ensure your utmost safety.
- 3.4. At induction of anaesthesia, oxygen will be given via a facemask, then your anaesthesiologist will administer and titrate calculated doses of anaesthetic agents in a safe manner according to your condition and surgical requirements.
- 3.5. After you fall asleep, your anaesthesiologist will need to insert a plastic tube (called an endotracheal tube) through your mouth into your windpipe, or other alternative equipment to maintain the patency of your airway and to ensure adequate.
- 3.6. Your anaesthesiologist will stay with you all the time to monitor your vital signs, give you treatment as necessary to ensure your safety during the anaesthesia.

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- 3.7. For most operations, you will regain consciousness at the end of the operation. For some major operations depending on your premorbid and intraoperative condition and type of surgery at the end of the operation, your anaesthesiologist may decide not to wake you and transferred directly to directly intensive care unit. We want to make sure you receive proper care to ensure your safety even after the operation.
- 3.8. You will stay in the post anaesthesia care unit for a short duration until your vital signs are stable and you are fully awake before discharge to the ward.

4. Recovery Phase

- 4.1. You should not eat or drink immediately after GA, please follow the instructions given by health professionals.
- 4.2. You should not drive, operate machinery, sign any legal documents or drink alcohol for at least 24 hours after GA.

5. Possible Risks and Complications

- 5.1. In general, GA is a safe procedure. The risks of death related to administration of general anaesthesia are rare. The side effect or complications of GA are different for every patient, depending on multiple factors such as the type of surgery and pre-existing medical conditions.
- 5.2. Conditions which may increase the risks of anaesthetic related complications include severe multi-organ related co-morbidities, morbid obesity, sleep apnea, cognitive dysfunction, movement disorder, chronic drug or alcohol abuse, extreme of age etc.
- 5.3. Your anaesthesiologist will discuss with you the specific risks which are relevant to your condition or the operation you are having. He/she will inform you the most common and rare but significant risks pertaining to you.
- 5.4. Some common side effects and complications are:

Common side effects	Uncommon complications	Rare complications
Nausea and vomiting	Aspiration of stomach content	Damage to eyes
Sore throat and dental injury from intubation	Depressed breathing	Serious allergy to drugs
Dizziness, blurred vision	Failure to intubate	Nerve damage
Pain during injection of drugs	Awareness	Complications of invasive line insertion
Headache	Stroke	Mortality
Itching	Heart attack	

6. Remark

- 6.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

7. Reference

- 7.1. Guidelines on Monitoring in Anaesthesia. The Hong Kong College of Anaesthesiologists.



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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

