

Pain Relief

The mainstay of pain relief for the first 24 hours after your operation is morphine. This will be administered either by the nursing staff or by a device which you are able to control yourself. This choice can be discussed with the anaesthetist before the operation. As soon you are able, we will give you painkillers by mouth in tablet form. It is important that if you are not comfortable you should tell the staff looking after you. Apart from a simple desire for our patients to be comfortable, we know that you also breathe better if you are not in pain so do not hesitate to let the staff know if you are uncomfortable. Patients stay in the Intensive Care Unit as the general ward the day after their operation.

Further Information

Further information can be obtained www.lhch.nhs.uk

For specific queries, information can be obtained via the Anaesthetic Secretary Direct Line - 0151 600 1296

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

إذا لديك الرغبة في الحصول على نسخة من هذه المعلومات بأي لغة أخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاء الاتصال علينا على الرقم 1257 600 0151 موضحاً الشكل او اللغة التي ترغب فيها.

如果您想索取一份以其他語文或形式(如大字體)編印成的資料傳單,請致 電 0151 600 1257向我們查詢,並說明您所需要的形式和語文。

ئەگەر ئەم زانياريانەت بەھەر زمانئىكى تر ياخود شئوازئىكى تر دەوئىت (بۇ ئموونە بە چاپى گەورە) ئەوا تكايە بە ژمارە تەلەقۇنى 1257 600 0151 پەيوەندىمان پئوە بكە و ئاماژە بدە بەو زمانەي ياخود شئوەبەي كە دەتەوئىت

W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.

Haddii aad u baahan tahay koobiga wargelintan oo luqad ama qaab kale (sida far waaweyn) fadlan nagala soo xiriir 0151 600 1257 adiga oo noo sheegaya luqadda ama qaabka aad wax ku rabtid.

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Information For Patients

Anaesthesia for Major Heart Operations



Liverpool Heart and Chest Hospital NHS Trust Thomas Drive Liverpool Merseyside L14 3PE Telephone: 0151-228 1616

www.lhch.nhs.uk

This leaflet has been written to provide information about your anaesthetic that will be given at the time of your surgery. We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical or nursing staff.

Patient Information : Anaesthesia for Major Heart Operations

You are set to come into hospital for heart surgery. This information page is to give a brief overview of what to expect from anaesthesia and the anaesthetist. This information is basic and general. Each individual operation and anaesthetic is tailored to the individual patient.

Before your operation your anaesthetist will visit you on the ward. He or she will ask various questions concerning past anaesthetics, your general health and specifically questions concerning the symptoms of your heart disease. This is also the opportunity to discuss your care after the operation in the Intensive Care Unit and methods of pain relief after surgery.

Before Surgery

It is important that you bring all your drugs or a list of your drugs with you to the hospital. On the night before and the morning of surgery, the anaesthetist is likely to alter some of the drugs that you normally take, removing some and adding others. The anaesthetist is also likely to offer a sleeping tablet the night before surgery. Although this is not compulsory most patients prefer to have a good night's sleep before their operation.

On the day of surgery, normally patients are not allowed to eat or drink from midnight although in individual circumstances this may be altered by your anaesthetist.

If in doubt, ask. The reason for this starvation is to prevent the contents of your stomach going into your lungs after you are anaesthetised. Approximately two hours before your surgery, you will receive a pre-medication tablet or tablets. These are designed to make you a little drowsy and decrease any anxiety you may experience.

You will be transferred from the ward to the operating theatre in your ward bed. After arriving in the operating theatre you will be asked once again to check your name and date of birth and what operation you are expecting to have. This is an important final check to ensure that we have the right patient for the right operation.

The Anaesthetic

Before going to sleep, you will have a drip (small plastic tube) inserted into a vein and an artery, but your anaesthetist will use local anaesthetic to reduce as much as possible any discomfort you may feel. After attachment of ECG stickers, the anaesthetist will ask you to breathe some oxygen from a face mask (if you are claustrophobic mention this to your anaesthetist when they see you on the ward and methods of getting around this problem will be discussed), anaesthetic drugs will then be injected into the drip and you will slowly drift off to sleep. Your anaesthetist will stay with you

throughout the operation and accompany you and settle you into the Intensive Care Unit at the end of the operation. The anaesthetist is responsible not only for keeping you asleep but also for controlling your blood pressure, heart rate, lung function, kidney function, temperature control and blood volume during the operation. In summary, apart from actually performing the operation, the anaesthetist is responsible for looking after just about every other aspect of your care.

In the Intensive Care Unit

When you wake up there will be a tube in your mouth to help you to breathe. As this goes through your voice box it is impossible to talk or indeed make any sound. Our nurses are very used to this situation and are very good at communicating with patients who cannot speak. This breathing tube does not make you gag, retch or vomit as you imagine it might because, curiously, during the operation your throat has become accustomed to the idea of a tube being in place. You will be attached to a breathing machine for a number of hours after the operation depending upon the surgery and your condition following surgery. If you are on the breathing machine for any significant length of time you will receive drugs which keep you asleep or at least comfortable. When you wake up, you will also have additional drips in your neck or groins. Whilst this may sound unpleasant, it is in fact painless. You will also have a urinary catheter draining urine from your bladder.