

INFORMATION ABOUT THE ANAESTHETIC FOR YOUR CATARACT OPERATION

What anaesthetic will I be getting for my eye operation?

Specialist anaesthetists are doctors with extensive training. Anaesthesia can take on many forms including:

- local or regional anaesthesia – making the eye numb
- sedation – sleepy but not fully unconscious.
- general anaesthesia – fully unconscious.

Anaesthesia for cataract surgery generally combines local anaesthesia with sedation (i.e. twilight sedation). This combination is used when the area being operated on can be numbed and there will be minimal or no discomfort during the procedure. This combination is often safer and leads to faster recovery.

Very *rarely* will cataract surgery require a general anaesthetic.

Which medications should I continue and which ones should I stop?

In general, all medications can be continued on the day of surgery and can be taken with a sip of water prior to your procedure. There are two main exceptions to this:

- Blood thinning medications e.g. aspirin, Plavix, Warfarin, Eliquis, Pradaxa, Xarelto
- Diabetes medications

You will be given advice either by the surgeon or the hospital regarding these medications. However, if you have not received advice or the advice is unclear please contact Dr Lincoln at info@lincolnanaesthesia.com

How can previous problems with anaesthesia be addressed?

Knowledge of previous personal or familial problems with anaesthesia can reduce the risk of these problems occurring again, so it's helpful for you to advise your anaesthetist of this. Problems can range from nausea & vomiting, difficulty with cannulation to more serious complications. Often these concerns can be addressed on the day of surgery but if you are concerned please feel free to contact Dr Lincoln at lincoln@anaesthesia.care

What are the risks of the anaesthetic?

Obtaining consent for anaesthesia is becoming common practice. As mentioned the anaesthesia for cataract surgery combines numbing medication and sedation. Each component has risks but fortunately serious complications are very rare.

- Sedation - patients will be deeply asleep while the eye is numbed. After the eye is numb patients transition into a lighter sleepiness often referred to as twilight. In twilight patients are cooperative and relaxed. The majority of patients do not remember much but some patients may recall things such as hearing noises. This is more common if you return to have the other eye operated on. Importantly patients rarely remember any discomfort or pain. Serious risks to sedation are very rare and include allergic reactions to the medications used and aspiration (see note on fasting below).

- Regional anaesthesia - involves injecting numbing medication close to and around the eye. You will not remember this being performed. Numbness will last 2 to 3 hours and will extend to the forehead and cheek. When the numbness wears off there should be minimal discomfort. Sometimes a red eye or bruise occurs. These will not effect the outcome of the surgery but may take 1-2 weeks to resolve. This risk of serious complications are rare. Risk of blindness due to the numbing injection is 1 in 10,000 and double-vision is 1 in 1000. The significance of these risks may be higher in some people. Please inform Dr Lincoln if you have little vision in the other eye or if you are very short-sighted (i.e. worn glasses since you were a child).

If you have any specific concerns please feel free to contact Dr Lincoln at info@lincolnanaesthesia.com

How long should I fast prior to the procedure?

It is common that patients fast for too long prior to procedures. Fasting prior to procedures reduces the risk of aspiration (ie. stomach contents regurgitating into mouth and lungs). Current recommendations are that you should *not eat food or drink milk for 6 hours prior to your procedure*. This generally means no food from midnight for procedures occurring in the morning and an early light breakfast (prior to 7AM) for procedures occurring in the afternoon. You can drink water and weak *black* tea/coffee up until 60 minutes prior to your *admission* to hospital time. Do not exceed 250ml each hour. The hospital will contact you the day prior to the procedure to inform you of your admission time.

How will my pain be managed after the procedure?

Pain is variable depending on the procedure and even amongst different patients. Simple pain relief (paracetamol and ibuprofen) should be used in the first instance unless you have been told not to take them. It is unlikely that you will require stronger pain relief after cataract surgery. If you find that your pain is not well controlled with paracetamol and ibuprofen following your procedure please contact your surgeon as it may indicate a complication with the operation.

What can I do following my procedure?

It is important to follow the instructions provided to you by the hospital and surgeon after your procedure. Anaesthesia may impair your judgement and decision making skills for the first 24 hours. Therefore it is important you:

- Do *not* drive
- Do *not* operate machinery or tools
- Do *not* do any cooking
- Do *not* sign any legal documents or make important decisions
- Do *not* drink alcohol

If you are booked for day surgery a responsible adult should take you home and stay with you for the first night. You should also have a reliable mode of transport to return to hospital if required and not be further than 30 minutes from the nearest hospital. If you are concerned that you may not be suitable for day surgery please let me know as soon as possible.