

ANAESTHESIA FOR ENDOSCOPIC PROCEDURES (e.g. COLONOSCOPY, SIGMOIDOSCOPY, GASTROSCOPY, EUS AND ERCP)

What anaesthetic will I be getting for my procedure?

Endoscopic procedures are usually performed under deep sedation. This is a deep level of sleepiness that means you are very unlikely to remember anything during your procedure. Patients often cannot differentiate this from a general anaesthetic but it is often safer and leads to faster recovery. Endoscopic procedures were routinely performed under “twilight” in the past and it was not uncommon for patients to remember aspects of the procedure. Dr Lincoln will rarely perform endoscopic procedures under a general anaesthetic or twilight unless he considers it the safest option based on the procedure you are having, and your physical health.

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 info@lincolnanaesthesia.com

What are the risks of the anaesthetic?

Obtaining consent for anaesthesia is becoming common practice. Your procedure will be performed under deep sedation. It is a very safe way to do the procedure. Listed below are several important risks:

- Awareness - it is very unlikely you will remember any of the procedure but there is a small risk you may remember noises and voices but importantly not any pain or discomfort.
- Aspiration - the most important risk is aspiration (see fasting question below). If you have fasted appropriately there should not be food in your stomach. Aspiration of acid from the stomach will lead to a sore throat, hoarse voice and/or cough that will gradually resolve over a week. It will rarely progress into something more significant. Most patients can still return home on the same day as the procedure but some will need to stay overnight for monitoring.
- Allergy - medications used for sedation are similar to those used for general anaesthesia. Life-threatening allergic reactions the medications used for sedation are rare but if you have had reactions to other anaesthetics please inform Dr Lincoln when you see him on the day of your procedure.

- Dental Damage - patients having endoscopic procedures through the mouth (e.g. gastroscopy, EUS, ERCP) require a firm mouthguard be placed prior to going to sleep. Damage to teeth is not life-threatening but can be expensive to get fixed. Patients with poor dentition, caps/crowns/veneers/bridges, and fillings on the front teeth are more likely to have this occur. Please inform Dr Lincoln on the day of surgery if this applies to you as he may be able to use a softer mouthguard.

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 up until 90 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.

Note that if you are having a colonoscopy please follow the diet as prescribed by the gastroenterologist.

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 strong pain relief will be required after endoscopic procedures. If Dr Lincoln believes stronger pain relief may be required you will be provided with a prescription. Stronger pain relief medications often have side effects (drowsiness, nausea and constipation) and should only be used if required if the simple pain relief is not sufficient. If you find that your pain is not well controlled following your procedure please feel free to contact Dr Lincoln at lincoln@anaesthesia.care

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.