

Anaesthesia for eye surgery

You're in good hands

Anaesthetists in Australia are highly trained medical specialists. After graduating from medical school and completing an internship, at least five more years are spent undergoing training in anaesthesia, pain management, resuscitation and the management of medical emergencies.

When you need to have eye surgery, a little preparation can help to ensure that the experience is a positive one.

The aims of this pamphlet are to:

- Provide you with basic information about anaesthesia for eye surgery;
- Encourage you to ask questions of your anaesthetist;
- Help you approach the planned procedure positively.

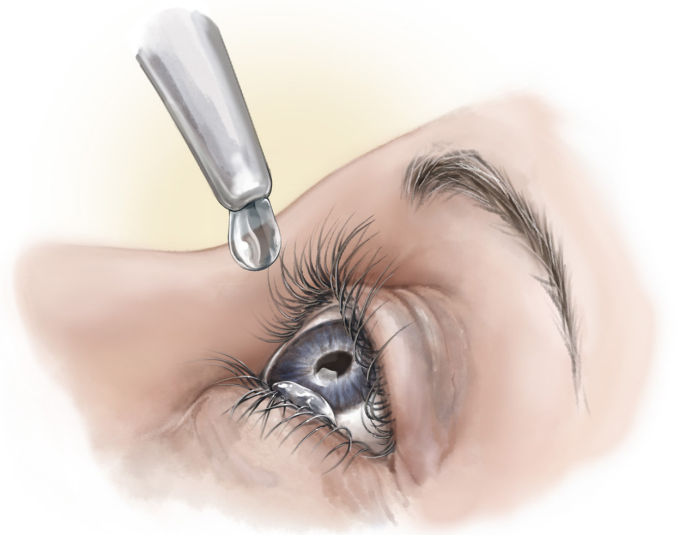
The most commonly performed eye surgery is for cataract extraction and intraocular lens insertion. Other types of eye surgery include glaucoma surgery, refractive surgery, corneal surgery, vitreo-retinal surgery and eye muscle surgery.

The role of the anaesthetist

Your anaesthetist will want to know about you, your medical conditions and your previous experiences with anaesthesia. If you have a complex medical history, your anaesthetist may want to see you or talk to you before your admission to hospital. Your eye surgeon should be able to give you your anaesthetist's contact details.

A health summary and results of investigations can provide valuable information for your anaesthetist and should be available from your local doctor. You should have them when you meet with your anaesthetist.

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If you have any concerns regarding anaesthesia for your eye surgery, a discussion with your anaesthetist can be arranged before you come to hospital.

Your medications

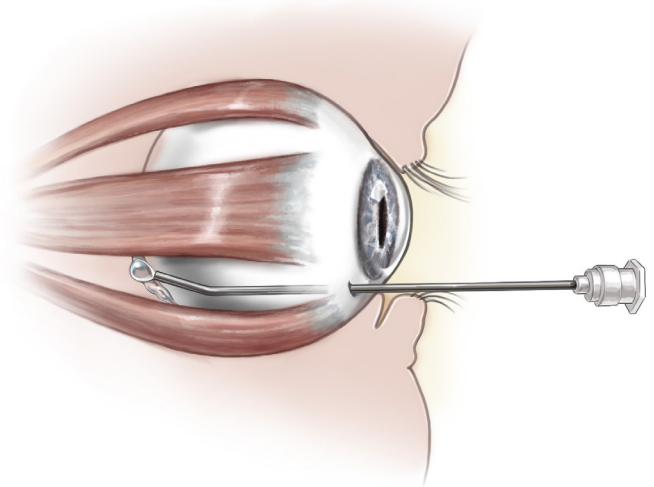
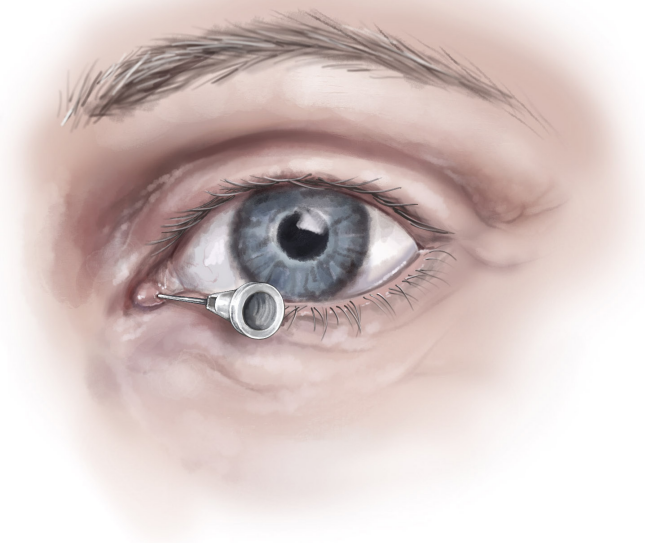
Some medications may need to be ceased a number of days before surgery. Blood thinners (aspirin, warfarin and other agents like Plavix, Iscover, Pradaxa, Brilinta and Xarelto) and diabetic medication require special consideration and you should be given specific instructions about what to do with these medications. Other drugs, including regular medications used for the treatment of heart problems, blood pressure, reflux and asthma may be taken normally. If you are unsure, please speak to your surgeon or ask to speak to your anaesthetist.

On the day

You will usually be advised to avoid food and fluids before your operation. If you don't follow this rule of fasting, the operation may be postponed in the interests of your safety as food or fluid in your stomach could enter your lungs. Your surgeon, anaesthetist or the hospital will advise you how long to fast.

What sort of anaesthesia?

Eye surgery can be performed with topical local anaesthetic drops, 'eye blocks', intravenous sedation



or general anaesthesia. The type of anaesthesia used will vary depending on the preferences of the surgeon, anaesthetist and patient.

Topical local anaesthesia

Topical local anaesthesia with topical local anaesthetic drops is very commonly used. Many types of eye surgery can be performed this way. Often, intravenous sedation is also given. Topical anaesthesia avoids the need for general anaesthesia, and permits rapid recovery and early hospital discharge.

Eye blocks

Various types of 'eye blocks' can be performed. Eye blocks may permit more intense local anaesthesia than topical local anaesthesia and can be used for more major operations on the eye as well as for cataract surgery. It is common to administer intravenous sedation before the eye block is performed.

Intravenous sedation

Drugs are administered intravenously to make you relaxed and drowsy. This is sometimes called 'twilight sleep'. Intravenous sedation is often given before eye blocks are performed, and may also be given throughout your eye surgery. Recall of events is possible with intravenous sedation. Please discuss your preference with your anaesthetist.

General anaesthesia

With general anaesthesia, you are put into a state of unconsciousness for the duration of the operation. You will often be asked to breathe oxygen through a mask just before your anaesthesia starts. Anaesthesia is usually achieved by injecting drugs through a cannula placed in a vein and maintained with intravenous drugs or a mixture of gases which you will breathe. The anaesthetist monitors your condition closely and constantly adjusts the level of anaesthesia.

During the surgery

Your anaesthetist will help to position you on the operating table or bed. Pillows under your legs or other supports under your back will help ensure that you are comfortable while lying relatively flat. A drape will be placed above your face, and fresh air or oxygen will be able to circulate. Your anaesthetist will monitor your heartbeat, blood pressure and breathing throughout the operation.

After the surgery

You will feel drowsy for a little while after you wake up. Most patients will have a patch over the treated eye. You may be aware of some soreness, headache, or slight pain in or around the eye. Your anaesthetist will prescribe a pain reliever if required. It is uncommon for patients to need strong pain-relieving drugs.

Major complications with anaesthesia for eye surgery are very uncommon when anaesthesia is administered by a specialist anaesthetist.

When you have had something to eat and drink, and are feeling well, your nurse will remove your intravenous cannula prior to your going home.

You must have a friend or family member accompany you and stay with you for at least a day.

Anaesthesia – the risks and complications

Australia is one of the safest places in the world to have an anaesthetic.

Eye surgery is generally seen as relatively low-risk surgery, but some patients do have increased risks due to advanced age or co-existing disease of the heart or respiratory or other systems.

Topical local anaesthesia for eye surgery is safe and effective, but even this type of anaesthesia has risks.

Eye blocks may result in bruising, pain or injury at the injection site. Bleeding around or behind the eye is also possible due to the eye block. If bleeding is severe, the operation may need to be postponed. Despite the most careful technique, the eye or the surrounding nerves may be damaged by the insertion of the needle or the injection of the local anaesthetic, but this is rare. Loss of vision is a very rare but possible complication.

With general anaesthesia, minor complications include nausea and vomiting soon after waking. Fatigue and difficulty concentrating can occur. Depending on techniques used, sore throat is not uncommon. Damage to teeth associated with techniques used to manage the patient's airway is a known risk.

There are also some other very rare, but serious complications including: severe allergic or sensitivity reactions, heart attack, stroke, seizure, brain damage,

kidney or liver failure, lung damage, damage to the larynx (voice box) and vocal cords, and pneumonia.

Remember that the risks of these more serious complications, including death, are quite remote but do exist.

We urge you to ask questions. If you have specific concerns about any risks, no matter how remote, you should discuss these with your anaesthetist. Your anaesthetist will be happy to answer them and to discuss the best way to work with you for the best possible outcome.

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Further information

If you require further information please contact your anaesthetist. If you don't know your anaesthetist's name, contact your eye surgeon.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: www.asa.org.au

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