

# Sedation with your procedure

Adult (18 years and over) | Patient information

**A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the sedation. The patient information sheet should be included in the patient's medical record.**



## 1. What is sedation and how will it help me/the patient?

Sedation involves small amounts of the medicines used for anaesthesia which make you feel relaxed and sleepy but not unconscious for your procedure/treatment/surgery. This is sometimes referred to as conscious sedation. You may remember some or little about what has happened. You may still be somewhat aware of your surroundings, what is happening and be able to respond to instructions.

Most sedation is given by using a needle to put a cannula (thin plastic tube) into a vein in the back of your hand or arm. If needles worry you, please tell your anaesthetist/healthcare professional who might be able to do things to help you.

## Preparing for the sedation

You are at less risk of problems from an anaesthetic if you do the following:

- Increase your fitness before your sedation to improve your blood circulation and lung health. Ask your GP about exercising safely.
- Lose weight, this will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely.
- Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48).
- Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines.
- Do not drink any alcohol 24 hours before surgery.
- Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic.
- Ask your surgeon and/or anaesthetist if you should stop taking your anticoagulant or antiplatelet (blood thinning) medicines before surgery, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/herbal/alternative medicines, such as fish oil and turmeric as it may affect your blood clotting:
  - do NOT stop blood thinning medicines without medical advice
  - if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor/clinician when you can restart the blood thinning medicine.

## On the day of your procedure:

- **Nothing to eat or drink** ('nil by mouth'): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs.
- **If you are a smoker or drink alcohol:** do not smoke or drink alcohol.

- **If you are taking medicines:** most medicines should be continued before an operation and taken the usual time even on the day of surgery with a sip of water. There are some important exceptions:
  - your doctor/clinician will provide specific instructions about your medicines
  - take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking.
- **If you feel unwell:** telephone the ward/hospital for advice.
- Tell your doctor/clinician and the anaesthetist if you have:
  - health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed
  - a drug addiction
  - had previous problems and/or known family problems with anaesthesia
  - false teeth, caps, loose teeth or other dental problems
  - been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and is not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin)
  - allergies/intolerances of any type and side effects.



## 2. What are the risks?

There are risks and complications with sedation. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician and ensure they are written on the consent form before you sign it. Risks include but are not limited to the following:

### Common risks and complications

- nausea, vomiting, itching and shivering – inform the staff as these can be treated
- headache
- pain, bruising and/or bleeding at the injection site

- bleeding/bruising is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- sore or dry throat and lips
- dizziness or feeling faint, especially when you start to move around
- low blood pressure:
  - this can make you feel faint, dizzy or sick
- mild allergic reaction such as itching or a rash
- minor damage to teeth, dental work, tongue and lips due to the breathing tube
- where there is a deep level of sedation (which may be required for your procedure):
  - loss of consciousness
  - responsiveness only to painful touch
  - difficulty breathing
  - heart function can be affected
- leaking of stomach content into the lungs (aspiration).

### Uncommon risks and complications

- weakness
- allergic reaction to the medication, requiring further treatment
- an existing medical condition getting worse.

### Rare risks and complications

- serious allergic reaction or shock to the medication, requiring further treatment
- damage to nerves and potential pressure injuries
- heart attack or stroke could occur due to the strain on the heart
- blood clot in the leg causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- seizures may occur, requiring further medication and treatment
- brain damage
- death as a result of this sedation is rare.

Side effects and complications are also increased if you:

- are elderly
- smoke
- are overweight
- have the following:
  - a bad cold or flu, asthma or other chest disease
  - diabetes
  - heart disease
  - kidney disease
  - high blood pressure
  - other serious medical conditions.

### What are the risks of not having sedation?

There may be health consequences if you choose not to have the proposed sedation. Please discuss these with the doctor/clinician.



### 3. Are there alternatives?

Not having sedation may result in you not being able to have the procedure.

Making the decision to have sedation requires the patient/substitute decision-maker to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



### 4. What should I expect after the sedation?

After the procedure, nursing staff will watch you closely until you are fully awake. This is usually in an area known as recovery. You will then be given something to eat and drink. You can rest until you have recovered enough to go home or to the hospital ward.

Sedation medicines may affect your judgment for about 24 hours or sometimes longer. For your own safety during this time:

- ask your doctor/health professional whether you can:
  - drive any type of car, bike or other vehicle
  - operate machinery including cooking implements
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- do NOT make important decisions (such as withdrawal of money from the ATM) or sign legal documents
- do NOT drink alcohol, take other mind-altering substances, or smoke as these substances may react with the sedation medicines
- have an adult with you on the first night after your procedure.



### 5. Who will be performing the sedation?

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate sedation. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the sedation, please discuss with the doctor/clinician.

Your anaesthetist is a doctor with specialist training who will:

- assess your health
- discuss sedation and the risks of sedation
- agree to a plan with you for your sedation and pain control
- be responsible for giving your sedation and caring for you during your procedure and straight after your procedure.

You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor/healthcare professional/student undergoing further training. All trainees are supervised according to relevant professional guidelines.



## 6. Where can I find support or more information?

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

The Canberra Heart Clinic recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.



## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed sedation.



## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact (1800 022 222), 24 hours a day, 7 days a week.