



## Anaesthesia Information

### Intravenous Sedation

#### Introduction

Sedation is the depression of the central nervous system and/or reflexes by the administration of drugs by any route to decrease patient discomfort without producing unintended loss of consciousness.

Sedation is not a set of discrete, well-defined stages but a continuum where there is the transition from complete consciousness through the various depths of sedation to general anaesthesia. Patient's loss of consciousness, and consequently, loss of protective reflexes, may occur rapidly and unexpectedly.

#### Outcomes

You will remain comfortable and relaxed and most often, you will feel drowsy or even fall asleep and not feel any pain during the operation or the surgical procedure in order to relief your feeling of embarrassment, fear and anxiousness.

#### Procedures

1. Assessment before procedure with adequate explanation of the procedure and risks by responsible anaesthesiologist, medical practitioner or dentist.
2. Adequate instructions for pre-operative preparation (e.g.fasting), post-operative care and discharge.
3. Informed consent for intravenous sedation should be obtained.
4. Adequate monitoring of the patient during the procedure.
5. Other therapeutic measures as required.
6. Transfer of patient, if required, to an appropriate recovery area.

#### Possible Risks and Complications

The risks are different for every individual patient depending on multiple factors such as the type of surgical procedure and your pre-existing medical conditions. Your doctor will normally discuss with you any special risks which are relevant to your condition or the procedure you will be having. The nursing staff will inform you of the most common risks along with the rare but serious complications.

Some of the more common potential complications are:

1. Protective reflexes may be obtunded (e.g. Gag Reflex) under sedation and airway obstruction may occur at any time. Aspiration / Aspiration Pneumonia is a serious consequence if the patient has not adequately fasted.
2. Respiratory drive the muscles involved in respiration may be depressed by the sedatives, resulting in Airway Obstruction, Hypoventilation and Hypoxia.
3. The variety of drugs given for sedation will have adverse effects on the cardiovascular system, (e.g. unstable blood pressure and heart rate) which may cause serious complications such as myocardial infarction and cerebrovascular accident.
4. Unpredictable individual variance in response to drugs, especially in the elderly, the infirm and those with underlying medical diseases.
5. The possibility that excessive amounts of sedatives may be used to compensate for inadequate analgesia.

6. The sedation may outlast the proposed procedure which the patient may be drowsy and sleepy even after the surgical procedure.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations and longer sedation time may be required.

### **Pre-procedure Preparations**

1. The procedure and possible complications will be explained by the anaesthetist and a consent form must be signed prior to the procedure.
2. Generally, no food should be taken 6-8 hours and no clear fluid (e.g. water) should be taken 2 hours before the procedure.

### **Post-procedure Instructions**

1. After removing the intravenous cannula, you should press on puncture site until there is no bleeding. Avoid lifting and strenuous activities for a few hours to prevent re-bleeding.
2. Mild bruises and swelling may develop over the site of cannula insertion. They will usually subside within a few days. Severe redness and swelling are considered abnormal and you should seek medical attention.
3. You can leave the hospital when you are fully awake and orientated, your vital signs are stable and can walk steadily.
4. You may resume diet when there is no nausea and vomiting.
5. For safety reasons it is recommended that you accompanied by a responsible adult for the first 24 hours after discharge.
6. Do not make any important decisions or sign any legal documents for 24 hours. You may be forgetful due to the medications administered.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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