

General anaesthetics on the Delivery Suite

This leaflet is for women who are having, or have had, a general anaesthetic on the Delivery Suite either planned or as an emergency, and aims to explain general anaesthetics.

Types of anaesthesia

There are two main types; you can be either awake (regional anaesthetic) or asleep (general anaesthetic). Most operations on delivery suite are done under a regional anaesthetic, when you are awake but sensation from the lower body is numbed. Occasionally, operations are done under a general anaesthetic. This can be because your obstetrician (doctor specialising in pregnancy and childbirth) advises that there is a need, when there is a reason a regional anaesthetic cannot be done (problems with your back or blood clotting, for example) or maternal choice. The risks associated with general anaesthetics are listed in the table below.

What will happen with general anaesthetic?

You will be given an antacid to drink (this reduces acid in your stomach) and sometimes a urinary catheter (drain into a bladder) will be inserted before your general anaesthetic. The anaesthetist will give you oxygen to breathe through a face mask for a few minutes. Once the obstetrician and all the team are ready, the anaesthetist will give the anaesthetic in your drip to send you to sleep. Just before you go to sleep, the anaesthetist's assistant will press lightly on your neck. This is to prevent stomach fluids getting into your lungs. The anaesthetic works very quickly.

- **When you are asleep**, a tube is put into your windpipe to prevent stomach contents from entering your lungs and to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic to keep you asleep for the duration of the operation.
- **When you wake up**, your throat may feel uncomfortable from the tube and you may feel sore from the operation. You may also feel sleepy and perhaps nauseous (sick) for a while but you should soon be back to normal. You will be transferred to either to the recovery room or your labour ward room.

Some reasons why you may need general anaesthesia:

- In certain conditions, when the blood cannot clot properly, regional anaesthesia is best avoided.
- There may not be enough time for regional anaesthesia to work.
- You are too unwell due to bleeding or infection and need urgent surgery.
- Previous back surgery, injury or deformity may make regional anaesthesia difficult or impossible.

- Occasionally, spinal or epidural anaesthesia does not work sufficiently well to proceed with surgery.
- Also on occasions, a general anaesthetic may become necessary during the course of your operation either because the regional anaesthesia is not fully effective or surgical complications have arisen. This is very uncommon.

Pain relief after the operation

There are several ways to give you pain relief after an operation:

- **By mouth:** a midwife can give you tablets such as paracetamol, Diclofenac (Voltarol) or ibuprofen, dihydrocodeine or liquids such as morphine (Oramorph).
- **Injection** into a muscle of morphine or similar painkiller, by a midwife.
- **Injection into a vein via a pump of morphine** (PCA – patient controlled analgesia).

Risks of having a general anaesthetic

| Type of risk | How often does this happen? | How common is it? |
|--|--|---|
| Chest infection | 1 in every 5 women | Common (most are not severe) |
| Sore throat | 1 in every 5 women | Common |
| Feeling sick | 1 in every 10 women | Common |
| Airway problems leading to low blood-oxygen levels | 1 in every 300 women | Uncommon |
| Fluid from the stomach entering the lungs, and severe pneumonia | 1 in every 300 women | Uncommon |
| Corneal abrasion (scratch on the eye) | 1 in every 600 women | Uncommon |
| Damage to teeth | 1 in every 4,500 women | Rare |
| Awareness (being awake part of the time during your anaesthetic) | 1 in every 212-256 ⁽²⁾ | Rare |
| Anaphylaxis (a severe allergic reaction) | 3.1 in every 100,000 women ⁽³⁾ | Very rare |
| Death or brain damage | Death: less than 1 in 100,000 women Brain damage: | Very rare (1 or 2 a year in UK) Very rare (exact figures do not exist) |

Acknowledgements

This information is based on good evidence and has been adapted from that written by the Information for Mothers Subcommittee of the Obstetric Anaesthetists' Association.

Other documents

Please refer to other maternity information sheets for further information:

- [Anaesthetics for Caesarean section](#)

References

1. Your anaesthetic for caesarean section. Obstetric Anaesthetists' Association 2009, Second Edition, October 2009. Website: www.oaaformothers.info
2. Incidence of accidental awareness during general anaesthesia in obstetrics: a multicentre, prospective cohort study. P Odor et al. *Anaesthesia* 2021; 76: 759-776.
3. NAP 6 report 2018.

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Please ask if you need this information in another language or format.

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