

# General Anaesthesia

A carefully controlled state of unconsciousness for your operation

A **general anaesthetic** uses medications to put you into a state of carefully controlled unconsciousness, so that you are unaware and feel no pain during your operation. It usually begins with an injection through a drip in your arm, and is then maintained with medication through the drip, a gas you breathe, or both. Your anaesthetist stays with you for the whole operation, watching you closely and adjusting your anaesthetic as needed.

## WHEN IT IS USED

### Common operations

General anaesthesia is the most common type of anaesthetic for major surgery, including most chest, abdominal, orthopaedic, and cardiac operations, as well as many shorter procedures. It is often combined with other techniques (such as a nerve block, spinal, or epidural) to add extra pain relief during and after your operation. Your anaesthetist will discuss what's right for you and your surgery.

## HOW IT WORKS

### What happens, step by step

- Before you go under anaesthesia, monitoring is attached: stickers for your heart trace (ECG), a blood pressure cuff, and a clip on your finger to measure your oxygen levels.
- Medication is given through a drip in your arm. Most people drift off within about a minute, sometimes with a strange taste or a feeling of heaviness first.
- Once you are under anaesthesia, your anaesthetist places an airway device (breathing tube) to help you breathe.
- Everyone needs a different amount of anaesthetic to stay safely and comfortably unconscious. Your anaesthetist watches you throughout and adjusts your medication accordingly. This is one of the main reasons they remain with you for the entire operation.
- At the end of the operation, the anaesthetic is stopped and you wake up in the Post Anaesthesia Care Unit (PACU), usually within a few minutes.

## DURING YOUR OPERATION

### Additional monitoring

Some people have extra monitoring (sometimes called "lines") during their operation. Whether you need these depends on the type of operation and your health.

**Arterial line.** A thin tube placed into an artery, usually in your wrist, so your blood pressure can be monitored continuously and blood samples taken easily at any time. Your skin is numbed with local anaesthetic first, and ultrasound is often used to guide placement.

**Central line.** Some medications that support your blood pressure can only be given safely into a large vein. If you are likely to need these during your operation, your anaesthetist will insert a central line: a larger drip (IV line) into a vein in your neck, usually once you are under anaesthesia.

These lines are removed as soon as you no longer need them.

## RISKS AND SIDE EFFECTS

### How safe is a general anaesthetic?

General anaesthesia is very safe, and serious complications are rare. Most effects are mild, expected, and short-lived. The numbers below are approximate. Your own risk depends on your health, age, and the operation you are having, and your anaesthetist will discuss this with you individually.

- 1 Sore throat or hoarse voice. Very common.** From the airway device used to help you breathe; usually settles within a day or two.
- 2 Nausea and vomiting. Common.** Anti-nausea medication is given routinely and is usually very effective; tell your team if you have a history of this.
- 3 Grogginess or temporary confusion. Common, especially in older patients.** Usually clears within a day; can last longer, particularly in frailer patients.
- 4 Dental injury (chipped tooth, cut lip or tongue). Uncommon.** Tell your anaesthetist about loose teeth, crowns, caps, or a bridge beforehand.
- 5 Anaesthetic awareness. Rare (around 1 in 20,000 with modern techniques).** Your anaesthetic is continuously monitored throughout the operation to make this as unlikely as possible.
- 6 Serious allergic reaction (anaphylaxis). Rare.** Your team is trained and equipped to recognise and treat this immediately.
- 7 Death or serious harm directly caused by the anaesthetic. Extremely rare.** Substantially less than 1 in 100,000 for a fit, healthy patient. Risk rises with age, frailty, other health conditions, and emergency surgery. Your anaesthetist tailors your anaesthetic to your individual risk and will discuss this with you.

**How does this differ from a spinal or epidural?** A spinal or epidural numbs part of your body while you stay awake or lightly sedated. A general anaesthetic makes you fully unconscious throughout. The two are often combined for major operations (such as chest or abdominal surgery) to manage pain afterwards. See the companion leaflets, [Spinal Anaesthesia](#) and [Epidural Pain Relief](#).

## COMMON QUESTIONS

### Your questions answered

#### Will I definitely be unconscious the whole time?

Almost certainly, yes. Awareness during a general anaesthetic is rare, and your anaesthetist monitors you continuously and adjusts your medication throughout to prevent it.

#### What does it feel like going to sleep, and waking up?

Going to sleep usually feels like normal sleep, sometimes with a strange taste first. Waking up happens in the PACU. You may feel groggy, have a sore throat, or feel cold; these settle quickly.

#### Can I choose not to have a general anaesthetic?

For some operations, a spinal, epidural, or nerve block may be a suitable alternative. Discuss your options with your anaesthetist. The right choice depends on your surgery and your health.

#### Will I feel sick afterwards?

Nausea is common but well managed with anti-nausea medication, given routinely and adjusted further if you have a history of feeling sick after anaesthesia.

#### How long will it take to wear off?

Most effects clear within a few hours, though full alertness can take longer. Avoid driving, drinking alcohol, or making important decisions for 24 hours afterwards.

#### Is it safe for me if I have other health conditions?

Your anaesthetist tailors your anaesthetic plan to your health. Some conditions need extra precautions, which is exactly what your pre-assessment appointment is for.

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