

Anaesthetic techniques and risks

Eye surgery

This document is a brief summary only. On the day of your surgery your anaesthetist will answer all of your questions and together you will decide on the anaesthetic technique for you.

What anaesthetic techniques are available?

Sedation

If you are sedated you may be partly aware of what is happening and may hear voices and sounds from equipment, or you may remember nothing. It is used with local anaesthesia.

Local anaesthesia

- “topical only” anaesthesia for cataract surgery. For this type of anaesthesia, you will need to be able to follow instructions during the surgery. You will be given anaesthetic drops on to the surface of the eye and may be sedated. A separate document provides more details about “topical only” anaesthesia for cataract surgery.
- Local anaesthetic injection around your eye. The injection itself may be painful for a short time. During the surgery you may feel the surgeon touching you and you may see colours and shapes.

General anaesthesia

Is uncommon* and is typically only needed for patients requiring complicated surgery such as full thickness corneal graft or who have some medical conditions such as extreme anxiety. You will be unconscious and remember nothing of the surgery. You will be given a selection of drugs for pain, relaxation and for prevention of nausea and vomiting. After you become unconscious, you will usually have a tube placed into your airway and you will wake up with a light clear plastic oxygen mask on your face.

What are the anaesthetic risks?

Local anaesthesia injections

Bruising to the white of the eye or to the eye lid is common* and usually goes away within two weeks. Pain or discomfort during the surgery is common* but it is usually minor and transitory and needs no treatment. If the pain is persistent and significant to you then you must tell the surgeon and the pain will be treated with additional local anaesthesia or sedation. It is rare* to get damage to the eye, blood vessels or eye muscles resulting in temporary or permanent blindness, or to get dangerous problems with your heart, blood pressure or breathing resulting in a longer stay in hospital.



Sedation

Confusion or becoming too deeply sedated is uncommon*.

General anaesthesia

Sore throat, shivering or bruising at the injection site are very common*. Nausea, vomiting, confusion or dizziness are common*. These complications range from mild to severe and usually go away within hours or days. Serious complications such as unexpectedly being partly awake or drug allergy are rare*, and nerve damage, equipment failure, brain damage or death are very rare*.

Tooth damage

With sedation or general anaesthesia there is a risk of dental damage particularly if your teeth are not healthy. The hospital is not liable for treatment or repair of dental damage. Tooth damage, such as chipping, dislodgement or breakage of a crown or bridge, is uncommon*.

* Definitions used

- *Very common* (1 in 10) such as getting the flu or food poisoning this year.
- *Common* (1 in 100) such as winning any prize in one game of Saturday Lotto.
- *Uncommon* (1 in 1000) such as winning the trifecta in a 13-horse race.
- *Rare* (1 in 10,000) such as being struck by lightning.
- *Very rare* (1 in 100,000) such as dying from a snake, bee or other venomous bite or sting.

Do you want more information before the day of surgery?

If you wish to discuss in more detail the risks, proposed technique or possible complications of your anaesthetic, please ring the Pre-admission Clinic on 03 9929 8647 (Monday to Friday between 9am and 4pm) and arrange an appointment with a specialist anaesthetist.

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