



Permanent dialysis catheters

To enhance your comfort during the procedure, sedation can be administered.

Sedation involves the administration of small doses of anaesthetic medication through an intravenous (IV) drip, inducing a relaxed and drowsy state. Unlike general anaesthesia, sedation does not render you completely unconscious, allowing you to remain partially aware during the procedure, potentially recollecting certain aspects of your time in the operating theatre.

To prepare for theatre

- Abstain from alcohol, smoking, or recreational drugs for a minimum of 24 hours before your procedure.

- Fasting requirements for sedation:



Have a light meal or milk-containing products no later than 6 hours before the procedure.



Only clear fluids (water, black coffee or tea, clear apple juice, or clear energy drinks) can be consumed up to 2 hours before the procedure.

- Regarding chronic medication:
 - Bring your chronic medications (including herbal supplements) in their original packaging or a copy of the most recent prescription to the hospital. The anaesthetist will determine which medications can be taken on the day of the procedure.

During the procedure

The anaesthetist will be present throughout the procedure to ensure your comfort, relaxation, and safety.

Monitors measuring vital signs such as heart rate, blood pressure, and oxygen saturation will be attached.

An intravenous (IV) drip will be placed

Additional oxygen through a nasal cannula will be provided during the sedation.



After a sedation

After surgery, you will be transferred to the recovery room. There, a sister will monitor you for 20 to 30 minutes.

It's common to experience drowsiness or nausea in the recovery room, which will be effectively managed. Additional pain relief can be administered.

Postoperative shivering is common.

Complications

The risks associated with sedation are akin to those of a general anaesthetic.

Common (1 in 10 – 100)

- Nausea and vomiting
- Itchiness
- Shivering
- Thirst
- Sore throat
- Temporary memory loss (mainly from 60's)
- Minor lip/tongue injury
- Headache
- Bruising at the injection site
- Dizziness
- Transient low blood pressure
- Breathing difficulties, upper airway obstruction

Uncommon (1 in 100 to 1 000)

- Minor nerve injury

Rare (1 in 1 000 and 10 000)

- Allergic reactions
- Worsening of existing medical condition
- Leaking of stomach content into lungs (aspiration)
- Peripheral nerve damage that is permanent
- Corneal abrasions
- Damage to teeth requiring treatment

Very rare (1 in 10 000 – 100 000)

- Serious allergic reactions
- Heart attack or stroke
- Blood clots in legs
- Brain damage
- Awareness during anaesthesia
- Death

