

Risks associated with your anaesthetic: becoming confused after an operation

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Becoming confused after an operation

Some people become confused after an operation and anaesthetic. Their memory may fail; and their behaviour is quite unlike their normal behaviour. This can be very upsetting and can happen to any age group. However, the confusion usually gets better as you recover.

There are two types of confusion that can happen after surgery and an anaesthetic.

- Postoperative Delirium happens very soon after an operation. It has a number of causes that are usually treatable.
- Postoperative Cognitive Dysfunction (POCD) develops later after an operation. The cause of this is not well understood and there is evidence that in a few people its effects may be permanent.
- Neither of these are the same as dementia, which is a progressive disease of the brain. It is unrelated to having an operation and an anaesthetic. However, people with previous dementia are more likely to get both delirium and POCD.

What is Postoperative delirium?

Delirium is a state of confusion. It can happen during an illness as well as after an operation. The confusion usually appears during the first few days after the operation.

How does Confusion present itself?

Some people become agitated and confused in their thinking while others become quiet and withdrawn. The severity of symptoms varies and fluctuates over the course of the day, being better in the mornings and worsening in the evenings. Typical examples include:

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A few things you can do which may help prevent postoperative confusion are:

- Try and be as healthy before your operation. It's a good idea to give up smoking, reduce alcohol intake and to lose weight, if you are overweight
- Discuss alternatives to a general anaesthetic with your anaesthetist
- Make sure you have your glasses and hearing aids with you
- Remember to bring all your medicines into the hospital so your doctor knows what you are taking
- Motivation is important. Your nurse and physiotherapists will encourage you to try to be increasingly independent
- Frequent reassurance and reorientation are essential for recovery. The involvement of family, friends and even pets can help to reassure you that you are safe

What will the hospital do to help me?

The team caring for you on the ward is trained to consider how to help people with all kinds of confusion. They will be keen to provide a regular routine, a visible clock and natural daylight. They will make sure you have your glasses and hearing aids and allow as much of visiting time as appropriate.

Who can help me afterwards if I suffer from confusion?

There is a team of doctors, nurses, physiotherapists, occupational therapists and social workers who will work with you to help you after your operation and will ensure your return home safely. However, friends and family also play a key role in your recovery.

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POCD tends to fade away after healing from an operation continues, but the process may take months or years to happen. It is difficult to measure the symptoms of POCD, which is why doctors are not certain how often it happens

Why does POCD develop?

The cause of POCD is unclear. It has been suggested that low blood pressure during and after an operation, raised stress levels whilst in hospital, genetic susceptibility and problems with blood vessels of the brain have been suggested as potential causes.

The anaesthetic technique does not appear to be an important cause of POCD. Regional anaesthesia (Spinal/ Epidural) may reduce the chance of getting delirium, but probably not POCD.

Who is at risk of developing POCD?

- People having a major operation or who need a second operation before they leave hospital
- People having longer operations
- People with serious infection or breathing difficulty after surgery
- People with lower level of education- the reason for this is not known
- People over the age of 60, although younger people can also be affected

Confusion after an operation: can I do anything to help?

When you consent to have an operation, you are accepting the risk that you may develop delirium or POCD, or both. The risk of both is low and in general should perhaps not put you off having important life-saving or life-altering surgery.

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Typical examples include:

- Not knowing your name or where you are
- Not knowing what has happened to you or why you are in hospital
- Loss of memory - you may be unable to recognise family members
- Reversal of day and night sleep pattern
- Being illogical, incoherent, shouting and swearing.
- Emotional changes such as anxiety, tearfulness, anger and aggression
- Trying to climb out of bed and appearing indifferent to whatever is going on.
- Becoming paranoid and thinking that people are trying to harm you
- Occasionally, people may experience visual or auditory hallucinations (seeing and hearing things that don't exist)

Why does postoperative delirium develop?

In the first few days and weeks after your operation, your body is repairing itself and the physical challenges associated with this process may cause you to be confused. However, there are some specific causes that can be effectively treated. These include:

- Infections
- Poor pain control or side effects of pain relief medicines
- Dehydration and inadequate nutrition
- Low oxygen levels due to after effects of the anaesthetic, effects of medicines on breathing or other lung problems
- Loss of vision and hearing, simply due to lack of glasses or hearing aids
- Others like sleep disturbance, constipation and missing out on regular medications.

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How likely am I to get confused?

The following factors increase your chances of becoming confused:

- Advanced age
- Depression
- Previous poor memory, dementia, stroke and other brain disorders like Parkinson's disease
- High alcohol intake
- Previous poor mobility
- Heart failure
- Poor eyesight or hearing
- A medical condition requiring an emergency operation.

Does the type of anaesthetic make a difference?

Yes, you can reduce the risk of confusion by opting for local or regional anaesthetic and staying awake for your operation. Your anaesthetist can tell you more about this option.

How is it treated?

The vast majority of people who develop delirium are treated for any identified causes and improve greatly. If there are any physical reasons, they will be treated (e.g. antibiotics, oxygen, pain relievers, fluids etc.) Besides these, the simplest measures can be most helpful:

- Frequent reassurance and reorientation are important for recovery. The involvement of family, friends and even pets can help to reassure you that you are safe.
- Use of familiar objects such as your own pillows and clothes helps

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- Use of clocks and calendars are helpful to keep track of time
- Making sure that glasses and hearing aids are available immediately after surgery
- Use of an interpreter for non-English speakers or patients whose first language is British Sign Language
- A return to normal sleep pattern and normal eating and drinking should be encouraged.

Despite these measures, some people may need sedatives (calming medicines) if they are at risk of harming themselves or others due to confusion.

How long does it take to recover?

Most people with delirium are treated for any identified causes and improve greatly. However, they are more likely to stay in hospital longer and some may also need to live in a more supported environment than before.

What is POCD?

In addition to feeling generally confused, some people find that their higher mental functions are not quite as good as they were before the operation and anaesthetic. For example, concentrating on a story line or film, recalling what was recently heard or said, completing several tasks at the same time, doing a crossword, or making a shopping list. These changes are called POCD and can be noted at one week (early) or 3 months or more after an operation (late). This can be a frightening period and independence and confidence may be generally reduced.