

Usually, symptoms settle rapidly, but it is important to keep a close watch so you might need to stay in hospital overnight.

Very serious reactions will require treatment in an Intensive Care Unit. If the operation has not already started, it may be postponed unless it is very urgent.

All anaesthetists are trained to treat anaphylaxis and adrenaline is immediately available in every operating theatre.

Your anaesthetist will take blood samples at the time of the reaction and then refer you for skin testing to a specialist at a later date. In the UK, every serious reaction is also reported to the Medicines and Healthcare products Regulatory Agency (MHRA). It is extremely important to investigate any anaphylactic reaction in detail, so that the offending drug can be avoided in the future.

For further advice, please telephone:

Anaesthetic Preoperative Clinics 01744 646395

Anaesthetic Department 0151 430 1267/1268

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
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Risks associated with your anaesthetic: Serious allergy during an anaesthetic (Anaphylaxis)

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Serious allergy during an anaesthetic (anaphylaxis)

What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction that occurs very rapidly, with massive release of chemical substances in the body. During the reaction, these chemicals can result in breathing difficulty, wheezing, low blood pressure, swelling, and skin problems including urticarial (hives) and red rashes. Severe anaphylaxis is life threatening but when this is recognised and treated quickly, death is very rare.

What can cause anaphylaxis during an anaesthetic?

The two most common causes of anaphylaxis during anaesthesia are:

- Muscle relaxants - drugs used to facilitate a general anaesthetic
- Antibiotics - drugs used to prevent infection during surgery

Latex used to a common cause of anaphylaxis. This is less so now as few latex containing products are used in hospitals.

Anaphylaxis can also be caused by a combination of medicines or substances working together to cause a reaction. During an anaesthetic this includes anaesthetic drugs, stress on the body from surgery itself and infections.

How frequently do anaesthetics cause anaphylaxis?

The best estimate of life threatening anaphylaxis is 1 in 2,500 to 1 in 20,000 anaesthetics. Most people make a full recovery from anaphylaxis. We do not know how many anaphylactic reactions have led to death or permanent disability.

Is allergy to anaesthetics hereditary?

No, if you are allergic to an anaesthetic drug, your children are no more likely to have the same allergy than any other person.

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Can I be tested for anaphylaxis before I have my anaesthetic?

Routine skin testing before surgery to see if you are allergic to anaesthetic drugs is not useful. It is only recommended for those people who have had a serious allergic reaction during an anaesthetic in the past. The reason for this is that skin testing is not completely reliable. A negative test does not guarantee that you can safely have the drug, and a positive test does not mean you would definitely have a reaction if you took the drug in the future.

The only exception is latex allergy. If you think you are allergic to latex, you must inform your GP well in advance of your operation so you can either have a skin or a blood test to confirm it. In the hospital, you will need to inform your health professionals of any known allergies. If your allergy is serious, you may be advised to wear a Hazard Warning Bracelet.

How is anaphylaxis treated?

- Adrenaline is the most effective drug treatment and is given as injections in the muscles.
- You will usually be given oxygen and have an intravenous drip
- Antihistamines, steroids and asthma treatments might also be needed.