Patient Information Leaflet

RISKS ASSOCIATED WITH YOUR ANAESTHETIC

Serious allergy during an anaesthetic (Anaphylaxis)

Department of Anaesthesia

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What is Anaphylaxis?

Anaphylaxis is a severe life-threatening allergic reaction in response to antigens. Pollen, bee stings, nuts and antibiotics are common antigens but anaesthetic drugs or substances used during surgery can also cause anaphylaxis.

Normally our body produces substances called antibodies to eliminate harmful antigens. Each antibody is a unique match for its own antigen and will be produced rapidly if the antigen appears in the future in the body. This antigen antibody combination may then cause the release of chemicals that will cause symptoms of allergy. When released in small amounts, these chemicals cause minor symptoms like hay fever and rashes. When very large amounts of mediators are released rapidly, they may cause severe difficulty in breathing, low blood pressure or swelling of the throat. This life threatening but treatable condition is called anaphylaxis.

How frequently do anaesthetics cause anaphylaxis?

The best estimate presently is 1 in 10,000 to 1 in 20,000 anaesthetics. Although most people make full recovery, one review article has suggested that 1 in 20 cases of anaphylaxis lead to death.

What can cause anaphylaxis during an anaesthetic?

The four most common causes of anaphylaxis during anaesthesia are:

- Muscle relaxants
- Antibiotics
- Chlorhexidine- a skin antiseptic usually used before surgery
- Latex- a type of rubber
Your anaesthetist will make sure that you do not receive any drugs to which you are allergic or sensitive. There are suitable alternative anaesthetic medications and techniques available to avoid anaphylaxis. In the UK every serious reaction is reported to the Medicines Control Agency and the Association of Anaesthetists of Great Britain and Ireland National Anaesthetic Anaphylaxis Database.

What factors could make anaphylaxis more likely?

Allergy to latex, certain fruits and nuts, allergic asthma and those with multiple allergies increase chances of anaphylaxis.

It is reassuring to note that allergy to anaesthetics is not hereditary.

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

Routine skin testing is not currently recommended because a negative skin test does not guarantee that you will not experience an anaphylactic reaction to the same drug in future. Also, it is possible to get sensitized to some anaesthetic drugs after the skin tests as there is some chemical similarity between some common chemicals and certain anesthetic drugs.

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?

- Any medicine that might have caused the reaction should be stopped immediately
- If pulse is week, lay the person flat on their back and raise the legs. This is the quickest way to improve blood pressure
- Adrenaline is the most effective drug treatment and is given as a series of injections in the muscles.
- In a hospital, oxygen and an intravenous drip is established
- Antihistamines, steroids and asthma treatments might also be needed.
Usually, symptoms settle rapidly, but continuous observations will be needed. It is extremely important to investigate any anaphylactic reaction in detail, so that the offending drug can be avoided in the future. Investigations include blood tests at the time of the reaction and skin testing at a later date.

This leaflet can be made available in alternative languages/formats on request.

For further advice please telephone

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