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## Risks associated with your anaesthetic: Sore throat

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## Why does a sore throat happen?

Your anaesthetist is responsible for making sure that while under the anaesthetic you can breathe freely and also that secretions in your throat do not get into your windpipe and lungs. To achieve this, the anaesthetist will choose from a selection of airway tubes and masks which are placed after you are anaesthetised.

Any of these may contribute to a sore throat as follows:

- During insertion, any of the tubes or equipment used to insert them can cause irritation or damage to your throat.
- The cuff on the tubes and some masks may press on parts of your throat causing swelling and discomfort.
- Anaesthetic gases and some drugs can dry your throat, which can lead to a sore throat.

## How likely is it to occur?

After a general anaesthetic the risk of developing a sore throat is estimated to be around 2 in 5. If any additional tubes are needed in your nose or mouth, the risk of sore throat increases.

Women and younger patients are more likely to get a sore throat than men and older people respectively.

## What can be done about it?

There is some limited evidence that sore throat can be reduced or prevented by application of local anaesthetic or steroid to the throat before placing any airway device.

This would not work for long operations anyway as the local anaesthetic would stop working before the end of the operation.

Usually a sore throat disappears without any treatment over few days. If the pain or discomfort is severe, pain relief medicines and gargling may help to reduce the pain and inflammation.

## What happens if my symptoms do not disappear?

If your symptoms have not disappeared within 2 days or if you are having problems breathing, coughing up blood or having persisting hoarseness in your voice, you should contact your GP or anaesthetist for further advice.