

Risks associated with your anaesthetic

Section 2: Sore throat

Summary

This leaflet explains the reasons why you may develop a sore throat following anaesthesia and surgery. This can range from a minor discomfort to a more severe continuous pain. You may also have a very dry throat or a hoarse voice. These symptoms usually all disappear within 24 hours and can be treated with simple pain relief medicines.

Why does a sore throat happen?

During any general anaesthetic your anaesthetist must make sure that you can breathe freely. He or she must also make sure that if any stomach contents come up into the back of your throat during the anaesthetic, they do not get into your trachea (windpipe) or your lungs.

Your anaesthetist will choose one of several methods to achieve these things after you are anaesthetised. The choice will depend on your medical condition and on what operation you are having. He or she may use the following:

- **a face mask:** This is held firmly onto your face by your anaesthetist. Sometimes a separate plastic tube (a Guedel airway), which sits over your tongue, is needed as well
- **a laryngeal mask airway:** This is a different shaped tube, which sits in the back of the throat above the opening to the trachea. It will have a soft inflatable cuff. When in place it allows gases to move freely in and out of the lungs. It does not prevent the entry into the lungs of stomach contents that may have collected in your throat. It is therefore not suitable for all operations
- **a tracheal tube:** This is positioned in your trachea (windpipe) and has a soft cuff, which is inflated. This tube protects the lungs from the entry of any stomach contents that have collected. It is also likely to be required if a breathing machine is being used to replace your natural breathing. There are a number of reasons why this type of tube would be used, including: long operations; operations on the abdomen or in the chest; operations on the brain; operations on the back of the body, where you must lie face down for the operation; operations on people who are significantly overweight





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- **a gastric tube:** During your anaesthetic it is occasionally necessary to place an additional tube through your nose or mouth to empty your stomach.

All of these tubes or masks are placed after you are anaesthetised and you are not usually aware of their use. However, any of them may contribute to a sore throat after the operation, because of the following:

- during insertion, any of the tubes or the equipment used to accurately place them, may cause irritation or damage to your throat
- the tracheal tube and the laryngeal mask airway may have a cuff, which is inflated for the duration of your anaesthetic. This may press on parts of your throat causing swelling and pain afterwards
- anaesthetic gases and some drugs can dry your throat. This may contribute to a sore throat following your anaesthetic.

Uncommonly, placement of an airway tube is difficult. It is possible that more significant damage to the vocal cords and other structures can occur occasionally in these circumstances.

How likely is a sore throat to occur?

After a general anaesthetic with a tracheal tube the risk of developing a sore throat is estimated to be around 2 in 5.^{1,2,3}

After a general anaesthetic with a laryngeal mask airway the risk is estimated at about 1 in 5.¹

If any additional tubes are required in your nose or mouth, there is an increased chance of getting a sore throat. Women are more likely to get a sore throat than men, and younger patients are more likely to have a sore throat than older people.^{1,2}

What can be done about it?

If a sore throat occurs, symptoms usually disappear without any specific treatment over the course of a few days. If the pain is severe, pain relief medicines such as paracetamol and gargling with soluble aspirin may help to reduce inflammation and pain.

What happens if the symptoms do not disappear?

If your symptoms have not disappeared after two days or if you have a persisting hoarse voice you should tell your nurse or contact your GP for further advice.

If, at any time, you are having any difficulty breathing or cough up blood, you should contact your GP urgently or your anaesthetist for further advice.

References

- 1 Higgins PP, Chung F, Mezei G. Postoperative sore throat after ambulatory surgery. *Br J Anaesth* 2002;**88**:582–584.
- 2 Biro P, Seifert B, Pasch T. Complaints of a sore throat after tracheal intubation: a prospective evaluation. *Europ J Anesth* 2005;**22**(4):307–311.
- 3 EMK Walker et al for the SNAP-1 investigators. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study for the SNAP-1 investigators. *Br J Anaesth* 2016 (In press).



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Further information

Anaesthetists are doctors with specialist training who:

- discuss the type or types of anaesthetic that are suitable for your operation. If there are choices available, your anaesthetist will help you choose what is best for you
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic and pain control
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery
- manage any blood transfusions you may need
- plan your care, if needed, in the intensive care unit
- make your experience as calm and pain free as possible.

Common terms

General anaesthesia – This is a state of controlled unconsciousness during which you feel nothing and may be described as ‘anaesthetised’.

Regional anaesthesia – This involves an injection of local anaesthetic which makes part of your body numb. You stay conscious or maybe sedated, but free from pain in that part of your body.

You can find out more about general and regional anaesthesia in the patient information booklet *Anaesthesia explained*, which is available from the RCoA website via:

www.rcoa.ac.uk/document-store/anaesthesia-explained

Risks and probability

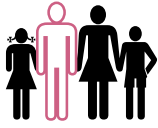
In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern drugs, equipment and training have made anaesthesia a much safer procedure in recent years.

The way you feel about a risk is very personal to you, and depends on your personality, your own experiences and often your family and cultural background. You may be a ‘risk taker’, a ‘risk avoider’, or somewhere in between. You may know someone who has had a risk happen to them, even though that is very unusual. Or you may have read in the newspapers about a risk and be especially worried about it.



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People vary in how they interpret words and numbers. This scale is provided to help.



Very common

Common

Uncommon

Rare

Very rare

1 in 10

Someone in
your family

1 in 100

Someone in a
street

1 in 1,000

Someone in a
village

1 in 10,000

Someone in a
small town

1 in 100,000

Someone in a
large town

Your anaesthetist will give you more information about any of the risks specific to you and the precautions taken to avoid them. There are some rare risks in anaesthesia that your anaesthetist may not normally discuss routinely unless they believe you are at higher risk. These have not been listed in this leaflet.

You can find more information leaflets on the College website www.rcoa.ac.uk/patientinfo.

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This leaflet has been reviewed by the RCoA Patient Information Group which consists of patient representatives and experts in different areas of anaesthesia.

Tell us what you think

We welcome suggestions to improve this leaflet.

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This leaflet will be reviewed within five years of the date of publication.

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