Risks associated with your anaesthetic

Section 2: Sore throat

A fter a general anaesthetic you may develop a sore throat. This can range between a minor discomfort and a more severe continuous pain. You may also have a very dry throat or feel pain on speaking or swallowing. These symptoms may disappear after a few hours but may take two days or more to settle down. Recent advances in anaesthetic equipment mean that having a very sore throat is less common than before.

Why does a sore throat happen?

During any general anaesthetic your anaesthetist must make sure that you can breathe freely. He/she must also make sure that secretions or stomach contents, which can collect in your throat during an anaesthetic, 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 Guedel airway that sits over the tongue is needed as well.
- A laryngeal mask airway: This is a different shaped tube, with a soft cuff, which sits in the back of the throat above the opening to the trachea. When in place it allows gases to move freely in and out of the lungs but it does not protect the lungs from secretions or stomach contents. It is not suitable for some operations.
- A tracheal tube: This is positioned in your trachea (windpipe) and has a soft cuff, which is inflated to prevent leakage of gases or movement of secretions.

During your anaesthetic it is occasionally necessary to use an additional tube placed in 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 as follows.

- During insertion, any of the tubes or equipment used to insert them in the mouth may cause irritation or damage to your throat.
- The tracheal tube and the laryngeal mask airway both have a cuff, which may press on parts of your throat or airway causing swelling and discomfort.
- Anaesthetic gases and some drugs can dry your throat. This may also 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 it to occur?

After a general anaesthetic with a tracheal tube the risk of developing a sore throat is estimated to be around 2 in 5.1-3

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 than older people.^{1,3}

What can be done about it?

There is some limited evidence that sore throat can be prevented or reduced by the use of local anaesthetic or steroid applied to the throat before the tube is placed. However, for long operations local anaesthetic is likely to have stopped working before the end of the operation.^{2,4} If sore throat occurs, symptoms disappear without any specific treatment over the course of a few days. If the pain is severe, pain relief medicines and gargling 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 are having problems with breathing, coughing up blood or persisting hoarseness in your voice, you should contact your general practitioner or anaesthetist for further advice.

Authors

David Murphy **Medical Student** Southampton School of Medicine

Dr Lucy A White, MA, MRCP, FRCA **Consultant Anaesthetist** Southampton University Hospital Trust

Editor

Dr Tim Smith, MD, FRCA **Consultant Anaesthetist** Alexandra Hospital, Redditch **Primary FRCA Examiner**

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of Anaesthetists

The Royal College of Anaesthetists

Revised edition 2009

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