

# **Patient Information - Becoming confused after Surgery**

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**INFORMATION FOR PATIENTS, CARERS AND RELATIVES**

## **Anaesthesia**

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## **Types of Confusion**

There are two main types of confusion that can occur after surgery:

## **Delirium**

l Onset: Occurs very soon after the operation.

## **Post-Operative Cognitive Dysfunction (POCD)**

l Onset: Develops later after the operation, rather than immediately and the effects can rarely be permanent.

# **Post-Operative Delirium**

Delirium is a state of confusion that can occur during an illness or following an operation. Typically, a person may initially wake up behaving normally, with confusion developing within the first few days post-surgery. The intensity of symptoms can vary and often fluctuates throughout the day, usually improving in the morning and worsening in the evening and at night. This can be distressing for both the patient and their loved ones.

### **Common Symptoms of Delirium include:**

1. **Memory Loss:** Difficulty recognizing family members, not knowing your own name, or where you are.
2. **Agitation and Restlessness:** Attempting to climb out of bed, pulling out drips and tubes.
3. **Quietness or Withdrawal:** Losing interest in eating and drinking.
4. **Sleep Pattern Reversal:** Being wakeful overnight and sleepy during the day.
5. **Emotional Changes:** Experiencing aggression, anger, anxiety, tearfulness, and shouting.
6. **Paranoia:** Believing that staff or family members are trying to harm them. l **Hallucinations:** Seeing and hearing things that are not really there.

### **Causes of Delirium may include:**

1. **Infections:** Such as wound, urinary, or chest infections.

## **I Inadequate Pain Relief and Medication Side-Effects I Dehydration and Poor Nutrition**

I **Low Oxygen Levels:** Due to anaesthesia effects, chest infections, or underlying lung problems.

## **I Constipation I Sleep Disturbance**

1. **Poor Vision and Hearing:** Not having glasses or hearing aids can contribute to confusion.
2. **Pre-existing Memory Problems:** Such as dementia or mild cognitive impairment.

## **Risk Factors for Developing Delirium**

In the days and weeks following your operation, your body undergoes a repair process, which can impact brain function. Certain individuals are more prone to developing delirium, including those with:

1. Advanced age
2. High alcohol intake
3. Pre-existing dementia or brain disorders, such as Parkinson's Disease
4. Depression
5. Poor vision or hearing
6. Poor mobility
7. Heart failure
8. Medical conditions requiring emergency surgery

## **Prevalence of Post-Operative Delirium**

The likelihood of developing post-operative delirium depends on various factors, such as the type of surgery (elective vs. emergency) and other medical conditions like dementia or heart failure. For example, the rates are higher after an emergency surgery.

## **Impact of Anaesthetic Type**

The risk of post-operative delirium can be reduced by using local or regional anaesthetics, which allow you to stay awake during the operation. Discuss these options with your Anaesthetist before surgery (They will not guarantee that you will not suffer from delirium, but they may help).

## **Recovery from Delirium**

Most individuals who develop delirium will significantly improve with treatment of the underlying causes. However, those who experience severe and prolonged delirium may have a longer hospital stay and a higher likelihood of needing additional care at home after discharge. Additionally, experiencing delirium increases the risk of developing dementia in the future.

## **Post-Operative Cognitive Dysfunction (POCD)**

POCD involves difficulties with higher mental functions used in daily life. For example, individuals may:

1. Struggle to concentrate when reading or watching television
2. Have trouble remembering recent conversations or events | Find it difficult to multi-task
3. Experience challenges with problem-solving, such as using a new gadget or completing a crossword.
4. Encounter difficulties making decisions.

Symptoms of POCD can emerge early (within one week) or later (more than three months after surgery). Initially, symptoms may be subtle but gradually become more noticeable, making previously simple tasks increasingly difficult. This can be frightening and impact the patient's confidence and independence.

## **Causes of POCD**

The exact cause of POCD is unclear. Potential contributing factors include:

1. Issues with brain blood vessels
2. Reduced blood pressure during and after surgery
3. Stress levels while in hospital
4. Genetic susceptibility
5. Increased inflammation in the body and brain.

Some medications given in the hospital are more likely to be associated with POCD, although it's uncertain if they cause it. The type of anaesthetic used does not seem to be a significant factor in POCD, and while regional anaesthesia may reduce the risk of delirium, it probably does not affect POCD. Similarly, the type of pain relief used does not seem to influence the risk of developing POCD.

## **Risk Factors for Developing POCD**

Certain factors increase the likelihood of developing POCD, including:

1. Major surgery, or needing more than one operation before leaving the hospital
2. Being over 65 years of age
3. Long operating times
4. Serious infection or breathing difficulties after surgery

### **Will POCD Get Better?**

Most people with POCD will improve, but around 10% of individuals may still have symptoms three months post-operatively, and about 1% may have symptoms after one year. If cognitive problems persist, it is important to see your doctor, who may refer you for formal memory testing.

## Reducing the Risk of Delirium or POCD

If you are having an operation, you accept a small risk of developing delirium or POCD.

Here are some steps that may help prevent confusion and assist in managing it if it occurs:

1. **Pre-Operation Health:** Maintain a healthy diet, exercise sensibly, give up smoking, and lose weight if necessary.
2. **Anaesthetic Options:** Discuss alternatives to general anaesthesia with your Anaesthetist, such as spinal anaesthesia or nerve blocks.
3. **Vision and Hearing Aids:** Bring your glasses and hearing aids to the hospital, along with spare batteries.
4. **Medication Information:** Bring all your medications to the hospital so doctors know what you are taking.
5. **Alcohol Consumption:** If you drink a lot, seek advice on how to cut down safely. Inform hospital doctors about your alcohol intake.
6. **Family and Friends:** Inform them that you might become confused post-operation. Their understanding and support can be helpful.
7. **Mental Activities:** Bring books, puzzles, or crosswords to stay mentally active.
8. **Stay Active:** Work with physiotherapists and nursing staff to keep moving.
9. **Sleep Aids:** Bring ear plugs or eye masks to help you sleep at night.
10. **Familiar Items:** Bring a familiar item from home, like family photographs.

## How the Hospital Will Help

The hospital team is trained to support patients with confusion by:

1. Providing a regular routine, visible clocks, and natural daylight
2. Taking care of glasses and hearing aids

3. Screening for delirium, including blood tests and monitoring food and fluid intake
4. Treating infections and managing constipation and urinary difficulties
5. Allowing visiting when and where possible

Relatives and carers of patients with dementia can receive a 'carer's passport' for visiting outside normal hours. Speak with the ward staff, doctor, or nurse for more information.

## **How Friends and Family Can Help**

Friends and family can support a patient who becomes confused by:

1. Bringing in familiar objects such as clothes, blankets, and photographs
2. Ensuring glasses and hearing aids with working batteries are available
3. Gently reminding the patient of the day, time, and reason for being in the hospital
4. Speaking softly with simple words or phrases
5. Avoiding arguments with the patient if they become confused or aggressive | Talking about familiar people and events

If friends and family notice signs of confusion, they should inform the ward staff, as they might recognize changes that the medical team does not.

It is important to realise that development of both conditions is possible and does not mean anything has gone wrong or been done wrong, the importance is to recognise and manage.

## **Support After Your Operation**

Patients with delirium often stay in the hospital longer. Once well enough to go home, extra help may be needed, typically for a fixed period. The ward team will help arrange support. Some may need short term adaptation to support recovery like staying with family or friends as the confusion resolves.

Discuss any concerns about discharge plans with the ward staff.

## **How the Anaesthetist can help?**

Anaesthetists are doctors with specialized training who:

1. Discuss the suitable types of anaesthetic for your operation and help you choose the best option if there are choices available
2. Explain the risks associated with anaesthesia
3. Agree on a plan with you for your anaesthetic and pain management
4. Administer your anaesthetic and ensure your well-being and safety throughout the surgery
5. Manage any necessary blood transfusions
6. Plan your care in the intensive care unit if needed
7. Strive to make your experience as calm and pain-free as possible.

## **Further Information**

1 Becoming confused after an operation-RCOA

(<https://www.rcoa.ac.uk/sites/default/files/documents/2019-11/07-Confusedweb.pdf>)



**This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners**

## **Patient Information**

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

## **Complaints, Comments, Concerns and Compliments**

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: [dgn-tr.PALS@nhs.net](mailto:dgn-tr.PALS@nhs.net)

## **Patient Property**

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit [www.kentcht.nhs.uk/service/one-you-smokefree/](http://www.kentcht.nhs.uk/service/one-you-smokefree/)

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site.  
For drug and alcohol support please speak to your nurse or doctor or

Visit: [www.changegrowlive.org/westkent/help](http://www.changegrowlive.org/westkent/help)

Call: 0330 128 1113

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