

Sedation explained

This leaflet explains what sedation is, how it works and when you may need it. It explains the benefits and risks of using sedation and what it might feel like.

This leaflet also provides information about what you will need to plan for your care after sedation. It has been written by patients, patients' representatives and anaesthetists, working together.

What is sedation?

Sedation helps you feel more relaxed during a procedure. The drugs (sedatives) are usually given into your vein (intravenous sedation), but can sometimes be given by mouth (oral sedation) or breathed in through a facemask.

Who gives sedation?

Sedationist is the name given to the healthcare professional who gives you your sedation. In the operating theatre, that person is usually an anaesthetist. In other places in the hospital or in clinics outside the hospital, this may be another doctor or other trained healthcare professional.

What are the different types of sedation?

There are three different levels of intravenous sedation. They are called 'minimal', 'moderate' and 'deep' sedation. In the UK, deep sedation can be given only by an anaesthetist or other healthcare professional who has the same level of training as an anaesthetist.

The table below explains the different levels of sedation and what they feel like.

Minimal sedation	Moderate sedation	Deep sedation
You will have a small amount of a sedative drug	You will have a little more sedative	You will have a higher dose of one or more sedative drugs
You will feel relaxed and less worried by what is happening around you	You will feel very relaxed and sleepy	You will sleep during most of your treatment
You will be awake and able to talk normally	You will be sleepy but can talk normally and follow simple instructions if asked	You will sleep and be unlikely to talk during most of your treatment
You are likely to remember having your treatment, but not all the details	You may remember some parts of your treatment	You are not likely to remember much of your treatment – the level of sedation will be adjusted as needed
Minimal sedation should not affect your breathing	Moderate sedation should not affect your breathing	Your breathing may slow down. Your sedationist will monitor you and support your breathing if needed

Sedation explained

What treatments can be carried out under sedation?

Many minor treatments and investigations can be undertaken with intravenous sedation, often together with a local anaesthetic. A few examples include:

- skin or breast biopsies (removing a piece of body tissue or cells for testing)
- minor repair to fractured bones
- minor surgery to the skin, hand or foot
- procedures to help diagnose problems with the stomach (endoscopy), the lung (bronchoscopy), the colon (colonoscopy) or the bladder (cystoscopy)
- removal of teeth or other dental treatment
- eye operations, such as cataract removal
- cosmetic surgery.

Certain more extensive treatments can also be carried out under sedation and local anaesthesia.

Sedation in dental surgeries and cosmetic clinics

Treatments under sedation are often performed in a hospital. Sedation for dental treatment can also be provided in a dental surgery or a specialist dental clinic. Sedation for cosmetic surgery may be performed in a clinic. Clinics that provide sedation are expected to follow the same standards of safe care as in hospitals.

Your sedationist, dentist or cosmetic surgeon will discuss with you the types of sedation suitable. They should explain what will happen during your treatment and any risks. It is important that you carefully follow any advice and instructions that they give you.

What are the benefits of sedation?

- Sedation works quickly and the dose can be adjusted so that you get just the right amount.
- It allows you to be relaxed during your treatment. You may not remember much about your treatment afterwards.
- For some procedures, it is possible to give sedation instead of a general anaesthetic, which may be helpful for patients with certain medical conditions.
- It usually has fewer side effects than a general anaesthetic. You can read Information about the **risks associated with general anaesthesia** on our website: rcoa.ac.uk/patientinfo/risks-ga.
- Recovery is quicker than after a general anaesthetic, so you can usually go home within an hour or two of your treatment if you feel well.

What are the alternatives to sedation?

- **A general anaesthetic:** you will be fully unconscious throughout and have no memory of the procedure.
- **For smaller procedures, a local anaesthetic without any sedation:** you will be fully awake during your treatment, but will be comfortable. A screen can be placed to stop you seeing the procedure.

Can I request having sedation?

Before a procedure or operation, you will normally be invited to have a preoperative assessment to check your health and help you prepare. You can discuss whether there is the option of sedation for your procedure with your doctor or nurse at the time of the assessment. If it hasn't been offered, you can ask if it is possible to have it.

If you are considered to be at higher risk of certain complications or have certain existing medical conditions, sedation may not be possible. Your doctors will discuss the options with you. You can then agree the best option for you together.

What can I do to prepare for a procedure with sedation?

- If you have people whom you look after, for example, children or older people, you will need to plan for someone else to look after them until the day after the procedure.
- Arrange for a responsible adult to take you home by car or taxi (using public transport is not advised after sedation). The effects of sedation can last up to 24 hours, so they should stay with you overnight.
- Take all your medicines to the hospital with you, including any over-the-counter and non-prescription medicines that you take regularly. The healthcare team will give you instructions on whether you need to stop your usual medications.
- If you have an illness or a cold on the day of the procedure, please contact your hospital or clinic, because it may not be safe to have sedation. Your treatment may have to be rescheduled.
- You should let the team know if you become pregnant in the weeks and months before the procedure. You should also let the team know on the day of the procedure if you are breastfeeding.
- Remove all makeup, nail varnish, false nails and jewellery before coming to hospital or clinic. You may wear a wedding ring.
- Bring some loose clothing, such as a dressing gown or a fleece, to keep you comfortable and warm. Wear flat shoes that are easy to put on.

Can I eat and drink before sedation?

The clinic or hospital will give you exact instructions, including when to stop eating and drinking. It is important that you follow these carefully.

Try not to stop eating or drinking for any longer than instructed. Being well nourished and hydrated will help your recovery.

Some hospitals will allow you to 'sip til send' if appropriate. This means that you will be allowed to drink small amounts of clear liquids right until the time of your surgery to help you stay hydrated. You can read more about 'sip til send' on the **Centre for Perioperative Care** website (cpoc.org.uk/resources/sip-til-send).

For minimal sedation, fasting is often not required, but it is important to check the exact instructions with your hospital.

If you have diabetes, you should ask for specific instructions about taking your diabetic medication and stopping eating on the day of the procedure.

Sedation explained

What will happen on the day of my procedure?

You will usually be asked to change into a gown. When you go to the procedure room, your sedationist will attach some monitoring equipment to you. The equipment used will usually include:

- a blood pressure cuff on your arm
- stickers on your upper chest to record your heart rhythm
- a clip on your finger to measure your oxygen levels
- a thin plastic tube that measures the amount of carbon dioxide that you breathe out. This is usually attached to an oxygen mask.

How is intravenous sedation given?

- The sedative is given through a drip (cannula), which is put into a vein in your arm or the back of your hand. More sedative can be given if you need it during the procedure.
- You will be given oxygen through a plastic tube sitting just inside your nose or through a facemask.

Going home after the procedure

With light or moderate sedation, you can usually go home within an hour or two of your treatment.

With deep sedation, your recovery will usually take two hours or longer. When you can go home may also depend on how long it will take you to recover from the procedure itself.

The effects of sedatives take around 24 hours to stop. During that period you should take extra care. Below are some things to be aware of after sedation.

- Sedation may make you unsteady on your feet. You should avoid stairs or have somebody help you move around if you feel unsteady. If your bedroom is upstairs, you might consider sleeping on a bed or sofa on the ground floor the night after you have had sedation.
- Your ability to make decisions and judgements may be affected for up to 24 hours after your treatment. You should not make any important decisions or sign any legal documents during that time. You should also avoid posting on social media or shopping online.
- You should not return to work, look after dependants, drive, cook, use a kettle or operate any machinery for 24 hours.
- You should not take any alcohol, recreational drugs or sleeping tablets for 24 hours after the procedure.
- Your doctor will give written instructions about further treatment to follow at home.
- The hospital will give you a contact telephone number to call if you feel unwell at home.
- If after the procedure you are concerned, feel unwell or cannot find the hospital contact number, you can call your GP, ring 111 or go to your local accident and emergency department with a responsible adult if necessary.

Your responsible adult or carer might also find it useful to read this leaflet and the leaflet

Caring for someone recovering from a general anaesthetic or sedation

(rcoa.ac.uk/patientinfo/caring-recovering-from-ga), so they know what to expect and how to support you.

Side effects, complications and risks

Serious problems with sedation are rare. Risk cannot be removed completely, but modern drugs, equipment and training have made sedation much safer in recent years.

Sedationists will minimise risk as much as possible. They will be able to give you more information about the risks associated with sedation and what they do to avoid them. They will also discuss with you any risks specific to you.

Below are some of the risks associated with sedation.

- Your breathing rate may become slow. This is particularly common in deep sedation, but is a risk whenever sedation is used. Your sedationist is skilled in monitoring you and supporting your breathing if required.
- It is very common for your blood pressure to drop by a small amount, but your sedationist is trained in treating this too.
- It is very common to be left with a small bruise where the drip was put in.
- It is very common to feel drowsy and less steady on your feet. You may be at higher risk of falling, especially if you are elderly.
- It is common for sedation to affect your judgement and memory for up to 24 hours.
- There is a rare risk of stomach contents going into your lungs. It is important to follow the instructions for eating and drinking to reduce this risk.
- An allergic reaction to the sedation drugs is very rare. If it happens, sedationists and anaesthetists are trained to deal with these emergencies.

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more on the **National Institute for Health and Care Excellence** website:

<https://bit.ly/NICE-SDMinfo>.

Here are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

- What are the **Benefits?**
- What are the **Risks?**
- What are the **Alternatives?**
- What if I do **Nothing?**

Choosing Wisely UK BRAN framework

Use this as a reminder to ask questions about treatment.

https://bit.ly/CWUK_leaflet



NHS ask three questions

There may be choices to make about your healthcare.

https://bit.ly/NHS_A3Qs



The Centre for Perioperative Care (CPOC)

CPOC has produced an animation to explain shared decision-making.

cpc.org.uk/shared-decision-making

Questions

you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own). If you want to speak to someone before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist or a sedationist on the telephone, or see them in a clinic.

- 1 Who will give my sedation?
- 2 What type of sedation is best for me and the procedure that I am having?
- 3 Do I have any specific risks?
- 4 When should I stop eating and drinking before my procedure?
- 5 What time should I arrange to be collected?
- 6 ...
- 7 ...
- 8 ...

Disclaimer

We try very hard to keep the information in this leaflet accurate and up to date, but we cannot guarantee this. We don't expect this general information to cover all the questions that you might have or to deal with everything that might be important to you. You should discuss your choices and any worries that you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website: rcoa.ac.uk/patientinfo/leaflets-video-resources.

Tell us what you think

We welcome suggestions to improve this leaflet. Please complete this short survey: surveymonkey.co.uk/r/testmain or scan the QR code with your mobile.



If you have any general comments, please email them to: patientinformation@rcoa.ac.uk.

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