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Sedation, not a full anaesthetic

> **The short version.** Sedation means medicine that makes you relaxed and sleepy without putting you fully to sleep. You still need to fast as if for a general anaesthetic, you still need someone to take you home, and you must not drive afterwards.

What sedation is

Sedation is a spectrum. At the light end you are awake and talking, just calm — this is what you might have for a colonoscopy or a dental procedure. Deeper sedation approaches a general anaesthetic: you may not respond, and your breathing may need support. The aim is always the lightest level that keeps you comfortable and safe.

LEVEL	WHAT IT FEELS LIKE
Minimal	Awake and calm; you can answer questions and remember the procedure.
Moderate	Drowsy, drifting; you respond to voice or touch; memory of it is patchy.
Deep	Asleep and not responding; close to a general anaesthetic, and treated as one.

What is the same as a general anaesthetic

- **You still fast.** From the point that sedation goes beyond minimal, the fasting times apply — a light meal 6 hours, clear fluids 2 hours. A full stomach plus sedation is the same aspiration risk as a full stomach plus a general.
- **You still need an escort** and must not drive, drink alcohol, sign documents or operate machinery for 24 hours.
- **You are still monitored** — oxygen saturation, blood pressure, breathing and heart rhythm — and for deeper sedation, the carbon dioxide in your breath is measured too.

Who is in the room

For moderate or deep sedation, an anaesthetist is present with a trained assistant, whose only job is to look after you. That is deliberate: sedation can slip into a general anaesthetic without warning, and the person doing the procedure cannot safely watch both you and the screen.

Risks

- Going deeper than intended, with obstruction of the airway or breathing that needs support.
- Low blood pressure, and a slow heart rate.
- Nausea, and a paradoxical reaction where you become agitated rather than calm.
- Regurgitation if you have not fasted, or if your stomach empties slowly.
- Not remembering the procedure — which some people find unsettling afterwards.

Tell me before the day if you: snore heavily or have sleep apnoea, have reflux or a hiatus hernia, take a GLP-1 medicine, drink alcohol heavily or take sedatives regularly, have had a bad reaction to sedation before, or are very anxious about being aware. All of these change the plan, not the decision to proceed.

On your phone: anaesthesia.herman.au/p/11

Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.

Definitions, fasting requirements, monitoring and staffing follow ANZCA **PG09(G) Guideline on procedural sedation (2023)** and its background paper.

This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

Scan to read on your phone