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Colds, coughs and chest infections before surgery

> **The short version.** Tell me about any cold, cough, sore throat, flu, COVID-19 or chest infection in the four weeks before your procedure — and **always** if you are still unwell on the day. A recent infection can make anaesthesia less safe, and it is often better to postpone than to proceed.

Your airway becomes more sensitive for a few weeks after a respiratory infection. That means more coughing and breath-holding, more laryngospasm (the vocal cords clamping shut), lower oxygen levels and, in small children, a higher chance of needing unplanned admission. A fever may also mean you are still infectious to others in the hospital.

What usually happens

YOUR SITUATION	USUAL APPROACH
Fever, productive cough, breathlessness, or feeling systemically unwell	Non-urgent surgery is usually **postponed** until you have recovered.
A mild cold that is clearly improving, no fever	Often we can proceed, sometimes with a modified plan for your airway. The decision is made after examining you on the day.
A child with a recent or current cold	Children are more prone to airway problems after a cold. We commonly advise waiting until about two weeks after a straightforward cold, and longer after a chest infection or croup. It is a clinical judgement rather than a fixed rule.
Recent COVID-19	For non-urgent elective surgery, the college still recommends a delay of about **7 weeks**. Tell me the date you tested positive and whether you needed treatment or oxygen.
Recent whooping cough, measles, shingles, or a chest infection needing antibiotics	Tell us — the timing and any infection-control precautions need planning.

> **If you become unwell after your pre-anaesthetic consultation, contact my rooms before you come in.** Do not simply not turn up — an empty theatre slot is wasted, and in some cases we can still go ahead with a small change to the plan. Email anaesthesia@hlim.email or call the rooms.

Also tell me if

- You have a chronic cough, asthma that has been worse lately, or you have needed steroids or antibiotics for your chest in the past month.

- You snore heavily, wake choking, or have been told you have sleep apnoea — this changes how I monitor you afterwards.
- You have been in contact with someone with influenza, COVID-19, whooping cough or measles.
- Your child has had croup, or has had a recent ear infection or tonsillitis.

Postponing is not a failure. Anaesthesia is safest when your lungs and airway are at their best, and a short delay is almost always preferable to a complication or an unplanned stay in hospital.

On your phone: anaesthesia.herman.au/p/4

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

Risk factors and the seven-week COVID-19 delay from ANZCA **PG68 Guideline on surgical patient safety for SARS-CoV-2 infection and vaccination**, with airway risk factors from ANZCA **PG09 Procedural sedation (2023)** and **PG29 Anaesthesia care for children**; the "postpone if unwell" principle is also stated in the **ADS–ANZCA Perioperative Diabetes guidelines (2022)**.

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