

## Information and consent for anaesthesia

→ Institut für Anästhesie und Intensivmedizin

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Patient label

### Dear Patient

**You are due to have an anaesthetic in the near future. During a personal consultation, we will determine with you the anaesthetic procedure that best suits the planned operation and is the least stressful for you. This document will help you prepare for this consultation and provide you with information about the various procedures and risks. Please make a note of any questions you may have and discuss these with the anaesthetist. Please complete the anaesthesia questionnaire carefully and return it as soon as possible if you have not done so already. Many thanks. You can find more information at [www.zgks.ch/anaesthesia](http://www.zgks.ch/anaesthesia).**

**FOR YOUR OWN SAFETY** You must not eat anything during the six hours prior to the anaesthetic. You may only drink water up to two hours prior to the anaesthetic. You must arrange for someone to take you home after an outpatient surgical procedure. You must not drive, make any important decisions or drink any alcohol for 24 hours after the anaesthetic. Only take your medication on the day of the surgical procedure following consultation with the anaesthetist.

**GENERAL RISKS OF ANAESTHESIA** Nowadays, anaesthetic procedures are very safe; all vital bodily functions such as heart, circulatory and respiratory functions are monitored at all times. The risk of life-threatening incidents such as respiratory or cardiac arrest or fever during anaesthesia (malignant hyperthermia) is extremely low, even in the case of seriously ill patients. Allergic reactions and nerve damage (dysaesthesia and paralysis) are very rare, as are infections or bleeding at puncture sites. There may be some unpleasant effects which occur during or after anaesthesia, such as nausea and vomiting, shivering, itchiness, haematoma, back pain, headaches or difficulty urinating, but these do not last long.

**GENERAL ANAESTHETIC** A general anaesthetic keeps you in a state of pain-free unconsciousness and artificial respiration is required. Specific risks: hoarseness, vocal cord damage, damage to teeth (especially in the case of previously damaged teeth), difficulty swallowing and aspiration of stomach contents into the lungs.

**REGIONAL ANAESTHESIA (LOCAL ANAESTHETIC)** A local anaesthetic is injected into one part of the body to make it numb.

**Spinal or epidural anaesthesia (injection into the area around the spinal cord)** Numbs the nerves at spinal cord level. Specific risks: severe headaches, temporary drop in blood pressure with nausea, damage to sight and hearing, paraplegia.

**Peripheral or intravenous regional anaesthesia (injection e.g. into the neck, shoulder, arm, pelvis, leg, foot)** Numbs the nerves leading away from the area being operated on. Specific risks: nerve damage, seizures.

**Your planned regional anaesthesia:**

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If the effect of regional anaesthesia is insufficient, additional painkillers can be administered or it may be necessary to switch to a general anaesthetic.

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**SEDATION (TWILIGHT ANAESTHESIA)** This involves a light sleep with reduced perception. Specific risks: weaker breathing, switch to general anaesthetic.

**PARTICULAR MEASURES / SPECIFIC RISKS**

- Arterial line: vascular occlusion, haematoma
- Central venous catheter: infections, lung collapse, air embolism, nerve damage
- Urinary catheter: infections, future urethral stricture
- Blood transfusion: allergic reaction, damage to the lungs, transmission of infections (hepatitis, HIV)
- Admission to the intensive care unit

**Questions and remarks** \_\_\_\_\_  
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**DECLARATION OF CONSENT**

I have discussed the anaesthetic procedure including the risks with the anaesthetist and I consent to the anaesthetic treatment. Furthermore, I confirm that I will not participate independently in road traffic for 24 hours after anaesthesia, as my roadworthiness may be impaired.

**Permanent consent** for the same anaesthetic procedure for the same type of surgical procedure

Place, date \_\_\_\_\_

Patient's or legal representative's signature  
\_\_\_\_\_

Doctor's signature  
\_\_\_\_\_

**Further information**