

Anaesthesia Information and Consent Form

→ Institut für Anästhesie und Intensivmedizin

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Patientenetikette

Dear patients and parents

We are planning to use anaesthesia to allow us to carry out the planned surgery on you or your child successfully and painlessly. Your anaesthetist will inform you of the general process and the advantages and disadvantages of the various anaesthetic procedures. We will determine with you the anaesthetic procedure that best suits the planned operation and is the least stressful.

Please read this document in preparation for your pre-anaesthesia consultation. If you have any questions for the anaesthetist, you can note them on the third page.

THE MOST IMPORTANT ANAESTHETIC PROCEDURES

- ❶ **General anaesthesia:** In general anaesthesia, various medications will keep you in a state of pain-free unconsciousness until the operation is complete. Breathing must be supported artificially in the majority of cases, but you will not be aware of this.
- ❷ **Regional anaesthesia or nerve blocks:** For many operations, it is possible to numb only the affected part of the body. While this regional anaesthesia or nerve block is in effect, you can remain awake, listen to music on headphones, or sleep with the help of sleep or pain medication.

The main regional anaesthetic procedures are:

– **Spinal and epidural anaesthesia:**

Spinal anaesthesia: A local anaesthetic (a drug used for localised analgesia) is injected directly into the spinal fluid that surrounds the spinal cord and nerves.

Epidural anaesthesia: A fine catheter is inserted and then a local anaesthetic is injected into the space between the hard outer membrane of the spinal cord and the spinal canal (epidural space).

- **Intravenous regional anaesthesia (IVRA):** Intravenous regional anaesthesia refers to a nerve block by intravenous administration of a local anaesthetic.

- **Other nerve blocks:** These involve the targeted blockage of one or more nerves with a local anaesthetic; for example, the axillary plexus block – blockage of the nerves responsible for the arm and hand.

After the local anaesthetic is administered as part of the regional anaesthesia/nerve block, the target region of the body will first become warm and then numb, and therefore painless, for a period of time. Muscle power is also lost temporarily.

Painkillers can be added or general anaesthesia can be initiated at any time if the effects of the regional anaesthesia are insufficient.

- ❸ **Combined anaesthesia (a combination of local and general anaesthesia):** For major surgery and operations during childhood, the two types of anaesthesia are often applied in combination in order to facilitate post-operative pain therapy.

- ❹ **Monitored anaesthesia care (MAC):** For minor surgery with or without the administration of local anaesthesia by the surgeon, the anaesthesia team provides close monitoring and administers sedatives, painkillers and other drugs as necessary in order to ensure that the operation can be performed safely and comfortably.

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SAFETY AND SIDE EFFECTS OF ANAESTHESIA Nowadays, anaesthetic procedures are very safe. The risk of life-threatening incidents is extremely low, even in patients with serious pre-existing conditions. All the important body functions are monitored continuously and provided with immediate support if necessary (e.g. cardiac activity, circulatory and respiratory function). It is very rare for anaesthesia to result in temporary – let alone lasting – damage.

Additional risks are possible if special measures must be carried out. These include the insertion of catheters into certain blood vessels or the administration of blood and blood components (blood transfusion). Patients that explicitly refuse a blood transfusion (e.g. Jehovah's Witnesses) are asked to present a statement to this effect.

❖ **Special risks of general anaesthesia:** tooth damage (especially in the event of difficult intubation conditions and if teeth are already damaged), aspiration (inhalation) of stomach content into the lungs, injuries to the vocal cords; unpleasant symptoms that can occur following general anaesthesia but do not usually last for long include hoarseness, difficulty in swallowing, nausea and vomiting, shivering, sensation of cold and difficulty in urinating.

❖ **Special risks of regional anaesthesia or nerve blocks (local anaesthesia):** nerve damage (ranging from change in sensitivity to permanent paralysis), headache, drop in blood pressure with nausea.

Serious complications such as paraplegia or lasting nerve damage are extremely rare. Spinal or epidural anaesthesia is usually not possible for patients with blood-clotting dis-

orders or who are taking medication that impairs blood clotting, as these patients are at a greater risk of such complications. Infection around the spine or in the epidural space is very rare, as is infection of the meninges.

Local anaesthesia might not achieve sufficient pain relief in some cases. However, insufficient local anaesthesia can always be supplemented by the administration of pain-killers or the initiation of general anaesthesia.

❖ **Special risks of monitored anaesthesia care (MAC):** The administration of sedatives and pain medication can lead to weaker breathing and to a temporary reduction in the level of consciousness.

POST-OPERATIVE PAIN THERAPY A wide range of pain-relieving drugs and methods are available for the management of pain after an operation. We use these in a phased manner according to individual requirements.

YOUR CONTRIBUTION TO YOUR SAFETY You must not eat or drink anything for a certain period of time before the anaesthesia. Please comply strictly with the instructions. Please do not smoke or use chewing gum on the day of the operation. On the day of surgery, take your medications only in consultation with your doctor. Remove contact lenses, dental prosthetics, rings, piercings and jewellery before you are taken into the operating suite.

If you are discharged on the day of the operation (out-patient/day surgery), please arrange for someone to take you home. You must not drive or make important decisions (e.g. signing legal contracts) until the next morning. You should also avoid drinking alcohol.

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Please read the anaesthesia information carefully and bring this with you to your next pre-anaesthesia consultation.

GENERAL INFORMATION This document is intended to prepare you for your personal consultation with the anaesthetist. Please ask questions if anything is unclear. You can make a note of your questions below.

If you have any questions that can not wait until the pre-anaesthesia consultation, please do not hesitate to contact the doctor on duty by calling 041 399 33 10.

Your questions _____

Additional notes or drawings by the anaesthetist in relation to the explanatory consultation (individual circumstances that indicate greater risk, indications for planned anaesthesia, procedure for anaesthesia, intravenous catheters, post-operative phase, including any respiratory assistance/intensive care unit, transfusions, blood-saving measures).

Planned anaesthetic procedure _____

Planned post-operative pain management

- Conventional Patient-controlled analgesia (PCA) Other:
- Epidural anaesthesia (EDA) Plexus/nerve catheter (PNB) _____

I hereby confirm that I attended a face-to-face consultation in which I received a clear, comprehensive and appropriate explanation regarding the planned anaesthetic procedure (advantages and disadvantages of the different methods, potential complications, risks of specific procedures, risk increasing factors). I agree to the anaesthetic procedure, including any changes or extensions that may be necessary.

Place, date _____	Time spent on explanatory pre-anaesthesia consultation (in mins) _____
Signature of patient/parents _____	Signature of anaesthetist _____

CONTACT / INFORMATION If you have any questions or doubts, please feel free to contact us at any time.
Doctor on duty, anaesthesia: T 041 399 33 10

Pre-anaesthesia questionnaire – please complete carefully

To allow us to estimate the risk involved in anaesthesia and to plan the anaesthetic procedure, please answer the questions below; your signature confirms the accuracy of your responses.

Last name _____ First name _____

Date of birth _____ Weight _____ kg Height _____ cm

	yes	no
Have you been seriously ill in the last few years? If yes, with what?	<input type="checkbox"/>	<input type="checkbox"/>
Can you climb two flights of stairs without stopping to rest?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an allergic reaction to medication (in particular, antibiotics, painkillers, local anaesthetics), latex, iodine, plasters, foodstuffs or insect bites? If yes, to what?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from increased bleeding or frequent nosebleeds/bleeding gums? Do you suffer from bruising that has no particular cause?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking blood-thinning medication or anti-platelet drugs? Examples of corresponding product names: Sintrom®, Marcoumar®, Aspirin, Tiatral®, Plavix®, Efigent®, Brilique™, Xarelto®, Fragmin®, Fraxiparine®, Fraxiforte®, Clexane®, Pradaxa®, Eliquis®	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from:		
– high blood pressure (arterial hypertension), low blood pressure with a tendency to collapse?	<input type="checkbox"/>	<input type="checkbox"/>
– heart disease (e.g. angina pectoris, heart attack, heart valve defects, heart failure or cardiac arrhythmia, such as atrial fibrillation)?	<input type="checkbox"/>	<input type="checkbox"/>
– Do you wear a pacemaker or ICD (implantable cardioverter-defibrillator)?	<input type="checkbox"/>	<input type="checkbox"/>
– lung disease (e.g. asthma, chronic bronchitis), sleep apnoea?	<input type="checkbox"/>	<input type="checkbox"/>
– heartburn, diaphragmatic hernia, stomach ulcer, vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
– diabetes (diabetes mellitus)?	<input type="checkbox"/>	<input type="checkbox"/>
– kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
– disease of the liver or pancreas (e.g. cirrhosis of the liver, hepatitis, pancreatitis)?	<input type="checkbox"/>	<input type="checkbox"/>
– thyroid disease (e.g. overactive or underactive thyroid, goitre)?	<input type="checkbox"/>	<input type="checkbox"/>
– muscular disease (e.g. muscular paralysis, malignant hyperthermia, muscular dystrophy, myotonia, multiple sclerosis (MS), etc)?	<input type="checkbox"/>	<input type="checkbox"/>
– rheumatism (e.g. joint rheumatism, soft tissue rheumatism, rheumatic fever)?	<input type="checkbox"/>	<input type="checkbox"/>
– migraine, epilepsy, stroke?	<input type="checkbox"/>	<input type="checkbox"/>
– back pain, sciatica (lumbago), herniated disc?	<input type="checkbox"/>	<input type="checkbox"/>
– chronic pain, anxiety/panic attacks, psychiatric conditions (e.g. depression, schizophrenia)?	<input type="checkbox"/>	<input type="checkbox"/>
– infectious diseases (e.g. HIV/AIDS, hepatitis B, hepatitis C)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your blood relatives experienced any anaesthesia-related incidents?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received a blood transfusion? If yes, did it result in any complications?	<input type="checkbox"/>	<input type="checkbox"/>
Is it possible that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on regular medication? If yes, what?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an operation before? If yes, what type of operation and when?	<input type="checkbox"/>	<input type="checkbox"/>
Year		
Year		
Do you smoke? If yes, how many cigarettes a day? For how long (in years)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink alcohol regularly? If yes, what and how much?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take drugs? If yes, what?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have loose teeth? Do you wear dental prosthetics/bridges/crowns?	<input type="checkbox"/>	<input type="checkbox"/>

Place, date _____ Signature of patient/parents _____