

ANAESTHESIA INFORMATION

This document is intended for you to provide information.

Dear Patient,

In order to carry out your scheduled operation successfully and free of pain we plan to give you an anaesthetic. The choice of the type of anaesthetic depends in each case on the type of operation, your general state of health, and any wishes you may have. Your anaesthetist will inform you about the sequence of events and discuss the most suitable anaesthetic technique with you.

There are two major types of anaesthesia for eliminating pain:

- **General anaesthesia:** a variety of medicaments are given to “switch off” consciousness and thus any sensation of pain. In most cases the patient has to be artificially respired, but you will not feel any of this.
- **Regional anaesthesia (local anaesthesia):** it is possible to “switch off” individual parts of the body with local anaesthesia by the same principle as at the dentist. A short time after administering this type of anaesthesia you no longer have any sensation (hot-cold, pain, touch), and in most cases you cannot move the affected part of the body either. The duration of the anaesthetic depends on the chosen medicament, but generally lasts two to six hours. Sensation and the ability to move the anaesthetised part of the body return gradually. With spinal and epidural anaesthesia the nerves running from the spinal cord are anaesthetised. *No injection is given into the spinal cord.* During the operation you stay awake, you can listen to music or sleep a little if you like.

Anaesthesia today is very safe, the risk is extremely low.

All the vital functions, e.g. heart activity, circulation and respiratory function are continually monitored. This explains why significant events and complications are very rare with all modern anaesthetic techniques. However, nerve damage following regional anaesthesia or resulting from patient positioning must be mentioned. General anaesthesia is occasionally associated with tooth damage. Your anaesthetist will be pleased to answer any questions you may have about this.

Additional risks may be associated with special measures such as inserting a urinary catheter and certain types of vascular catheters (central venous catheters and arterial catheters), or when administering blood or blood constituents (blood transfusion). However, complications caused by these are also rare.

The need for blood transfusions can be decreased significantly by blood-saving measures during the operation.

Symptoms that may occur **after the anaesthesia** but do not last long are hoarseness, swallowing difficulties, nausea and vomiting (after general anaesthetics), or micturition problems and headache (after regional anaesthesia). You will be given the most suitable treatment immediately.

Pain causes the body “stress” and, besides causing malaise and suffering, imposes a burden on the heart, breathing, the circulation and the metabolism. Prompt treatment for pain reduces such “stress” and helps the patient become pain free more quickly. Please report any pain to the nurse in good time!

We need your co-operation in the interest of your safety.

To help us ascertain your state of health and any possible previous conditions please fill out the questionnaire on the opposite page carefully and truthfully. We will then recommend the best possible form of anaesthesia on the basis of your answers and further examination findings.

Please note the following points:

1. Do not eat or smoke **6 hours before the scheduled operation** (4 hours for cataract surgery). You may drink small amounts of clear fluids and black coffee up to **2 hours before the operation**. This reduces the risk of vomiting and choking during surgery.

Special instructions apply for children: please ask the referring physician or the duty anaesthetist for more information (Tel. 041 784 04 44).

2. Please tell the anaesthetist if you suddenly develop feverish illnesses, a runny nose, cough, sore throat, etc.
3. Please tell the anaesthetist about any false, loose or damaged teeth. Dental prostheses only have to be taken out for general anaesthesia.
4. After **outpatient surgery** you must stay in hospital for 2-6 hours for observation. Please ask a relative to drive you home, or take a taxi. Plan who will look after you at home. Your ability to react is reduced by the after-effects of the anaesthesia: do not drive any vehicles, do not operate any machines, and do not drink any alcohol.
5. Various medicines that contain **acetylsalicylic acid** (Aspirin, Alka-C, Aspro, Alka-Seltzer, Plavix, Treupel, Togonal or Contraschmerz) increase the risk of bleeding. In some cases these medicines must be stopped before the scheduled operation. Discuss this with your **attending physician**.

As an alternative you can take medicines containing **paracetamol** (Benuron, Dafalgan, Panadol, Acetalgin) if you are in pain or have a feverish illness, or take Tonopan if you have a headache.

Should you wish a pre-anesthesia consultation or if you have any questions, do not hesitate to contact us. Monday to Friday, phone 041 784 04 44

The anaesthesia team wishes you a pleasant stay at the Clinic

You may detach this page if you would like to keep this information.

PATIENT QUESTIONNAIRE

This document please return it filled.

Surname: _____ Forename: _____

Date of birth: _____ Weight: _____ Height: _____

Operation: _____ Date: _____

1. Are you being treated by a doctor?
If so, for what illness? yes no

2. Have you had surgery before? Which operation and when? yes no
a) _____
b) _____

3. Did any complications arise during the operation or the anaesthesia? yes no

4. Have any blood relatives ever experienced any events in connection with anaesthesia? yes no

5. Have you ever had a blood transfusion?
Did any complications occur? yes no
 yes no

6. Which medicines are you taking?

7. Allergies to medicines, adhesive plasters, foodstuffs?
Which? yes no

Do you suffer from hay-fever? yes no

8. Are you pregnant? yes no

9. Do you wear dentures (post crowns, jacket crowns, dental bridges, removable prostheses)? yes no

Do you have any loose teeth? yes no

10. Do you smoke regularly? yes no

If so, number of cigarettes per day: _____

11. Do you regularly drink alcohol? yes no

12. Do you take any drugs? Sleeping agents? Pain-killers?
Which? yes no

13. Do you wear a hearing aid? yes no

Do you suffer from any of the following illnesses? (Underline where applicable!)

14. Heart conditions (e.g. heart attack, angina pectoris, heart defects, shortness of breath when climbing stairs, inflammation of the heart muscle, cardiac arrhythmias)? yes no

... Please fill in page 2 too →

...Continuation

- 15. Cardiovascular illnesses (e.g. high or low blood pressure, circulatory disorders, thrombosis, varicose veins)? yes no
 - 16. Lung disease, asthma, bronchitis, chronic cough, tuberculosis? yes no
 - 17. Kidney disease, chronic infections of the kidneys and bladder? yes no
 - 18. Liver disease (e.g. jaundice, fibrosis of the liver)? yes no
 - 19. Gastrointestinal disorders, peptic ulcer, indigestion, frequent vomiting? yes no
 - 20. Metabolic disorders (e.g. diabetes, fructose intolerance)? yes no
 - 21. Thyroid conditions (e.g. hyper- or hypofunction, goitre)? yes no
 - 22. Psychological or nervous disorders, depression, epilepsy, paralysis? yes no
 - 23. Do you often suffer from headache, migraine or backache? yes no
 - 24. Blood or clotting disorders (e.g. do you bruise easily, more bleeding after dental treatment or previous operations)? yes no
 - 25. Muscle disease or weakness?
Do any of your blood relatives have muscle disease or weakness? yes no
 - 26. Any other illnesses not mentioned?
Which? yes no
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Questions about your state of health

- 27. Can you participate in light sport (riding a bike, hiking)? yes no
- 28. Can you climb 1-2 flights of stairs? yes no
- 29. Can you do light housework? yes no
- 30. Have you got shortness of breath on a daily basis?
If yes, from which activity? _____
- 31. Have you got heart problems in day-to-day life? yes no

Informed consent form

I have discussed the anaesthetic procedure including the risks with the anaesthetist and consent to the anaesthetic treatment.

Date: _____

Signature: _____

Patient informed on _____

Signature of the anaesthetist _____