

Information

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Information and Consent regarding Anaesthesia

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Dear patient, dear parents

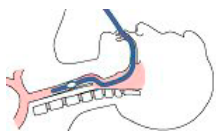
An appropriate anaesthetic procedure (anaesthesia) is required to perform the intended surgery on you (or your child) successfully and painlessly. An anaesthetist will meet with you to personally determine the anaesthetic procedure most suitable for the intended surgery and with the least effect on you. You will also be informed of the course of the anaesthesia, as well as the advantages and disadvantages of the various procedures. Please do not hesitate to ask anything you find unclear about anaesthesia in general and to write down your questions on the reverse of this sheet.

The anaesthetic procedure

Every anaesthetic procedure holds specific risks about which we would like to inform you. Severe complications are generally very rare, but we need to indicate general and specific risks nonetheless.

General risks: Respiratory, cardiac, circulatory complications, allergic reactions, positional damages (nerve damage), urinary retention, nausea, vomiting, itching, shivering, haematoma, backache.

General (full) anaesthesia



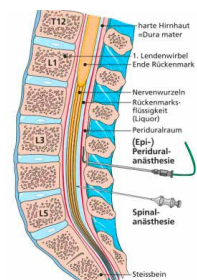
During general anaesthesia, pain and consciousness are completely blocked with the use of various drugs until surgery is completed. In this case, respiration usually has to be artificially supported, but this will go unnoticed because you will be asleep.

Specific risks: Nausea and vomiting with lung damage (aspiration), damage to teeth, eyes, positioning injury, mucous membranes, larynx and vocal chords, hoarseness, difficulty swallowing, shivering, difficulty urinating. Hormonal contraception (the Pill or similar) may fail.

Regional (local) anaesthesia

Numerous types of surgery offer the option of removing the sensation of pain only from the body part that requires surgery. During this type of local anaesthesia you can stay awake, listen to music through your headphones or take a nap with the help of sedatives. If local anaesthesia proves insufficient, additional pain medication can always be added or a general anaesthesia can be initiated.

Central regional anaesthesia: Spinal anaesthesia, epidural or peridural anaesthesia



A local anaesthetic is injected into the liquid around the bone marrow (spinal anaesthesia) or into the gap between the bone marrow and vertebral canal (epidural or peridural anaesthesia). For a certain period, the resulting, pain-free body parts first become warm, then free of sensation and cannot be moved or moved only partially. Epidural or peridural anaesthesia can be combined with general anaesthesia.

Specific risks: Haematoma, vascular and nerve damages, respiratory, cardiac and circulatory complications, allergic reactions, infections, abscesses, paraplegia, vomiting with lung damage (aspiration), headaches, difficulty urinating, failure of the procedure and changeover to general anaesthesia.

Peripheral regional anaesthesia: Nerve blockage

This anaesthetises individual nerves or nerve strands with local anaesthesia, for example anaesthetising the arm and hand by injecting the nerves in the armpit (axillary plexus block).

Specific risks: Haematoma, vascular, lung and nerve damages, respiratory, cardiac and circulatory complications, allergic reactions, infections, abscesses, failure of the procedure and changeover to general anaesthesia.

Combined anaesthesia (local and general anaesthesia)

During major surgeries and surgeries on children, both types - local and general anaesthesia – are frequently combined and used simultaneously in order to simplify pain management after surgery.

The administration of sedatives and local anaesthesia by the surgeon

Very few surgeries are possible with only a local anaesthetic administered by the surgeon. The anaesthesia team will monitor you in the same way as for a general or local anaesthetic, so that it can administer additional pain medication or sedatives if required.

Additional possible monitoring instruments

- Central venous access devices:** Usually inserted at the throat or under the collar bone.
Risks: Damage to vessels, nerves, heart or diaphragm, pneumothorax with the rarely necessary insertion of a drainage, infection, abscess, blood poisoning, thrombosis, embolism
- Arterial catheter:** Usually inserted into the artery at the wrist (A. radialis)
Risks: Vascular and nerve damage, circulatory disorders, infection, abscess
- Urinary catheter:** Risks: Infection, urinary tract injuries, narrowing of the urethra
- Blood transfusion:** only if strictly indicated!
Risks: Infections, rejection, fever, mismatched or incorrect transfusions
- Intensive Care Unit:** After surgery, intensive care treatment is planned or possible depending on the progress.

Questions, Comments

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I hereby confirm that I have been extensively informed of the planned anaesthetic procedure and of any additionally required measures during an informative discussion. I was able to ask any questions I considered to be important regarding specific risks and possible complications, ancillary and subsequent measures (e.g. blood transfusions) and their risks, as well as alternative procedures. I have no further questions, feel sufficiently informed and hereby consent to the discussed anaesthetic procedure for the intended surgery. I also consent to any medically necessitated changes or extensions in the discussed anaesthetic procedure or with necessary ancillary and subsequent measures. Very rare risks are not discussed during a normal informative discussion unless specifically asked for by the patient. I hereby also confirm that I consent to my data being passed on to the Swiss Anaesthesia Quality Database in pseudonymised form and in accordance with legal requirements for statistical and quality purposes (type of procedure, type of anaesthetic, times required).

Date Time, Duration Persons present

Patient/Parent signature

Anaesthetist's signature

Anaesthesia Questionnaire

Dear Patient, dear relatives/parents.

The following information serves our own orientation purposes and your safety.

What do you weigh? kg How tall are you? cm

Do you or did you suffer from one of the following illnesses?

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Lung diseases (asthma, chronic bronchitis, sleep apnoea (OSAS) with/without CPAP) | <input type="radio"/> | <input type="radio"/> |
| • Do you smoke? (If yes: how many cigarettes/day? For how many years?) | <input type="radio"/> | <input type="radio"/> |
| 2. Particulars on the condition of your teeth (e.g. dentures, braces, loose/missing teeth) | <input type="radio"/> | <input type="radio"/> |
| 3. Heart disease (e.g. heart attack, stent, angina pectoris, heart-valve defect, cardiac insufficiency) | <input type="radio"/> | <input type="radio"/> |
| • Do you suffer from shortness of breath during exercise? | <input type="radio"/> | <input type="radio"/> |
| 4. Circulatory diseases/blood pressure problems (do you have to take antihypertensive medication?) | <input type="radio"/> | <input type="radio"/> |
| 5. Vascular diseases (e.g. thrombosis, lung embolism, circulatory problems, aneurysm) | <input type="radio"/> | <input type="radio"/> |
| 6. Liver diseases (e.g. hepatitis, jaundice, hepatic induration) | <input type="radio"/> | <input type="radio"/> |
| • Do you drink alcohol regularly? (What and how much?) Do you consume other drugs? | <input type="radio"/> | <input type="radio"/> |
| 7. Kidney diseases (e.g. renal insufficiency, dialysis, kidney stones) | <input type="radio"/> | <input type="radio"/> |
| 8. Gastrointestinal diseases (e.g. GERD, heartburn) | <input type="radio"/> | <input type="radio"/> |
| 9. Diseases of the nervous system (e.g. epilepsy, stroke, Parkinson's, paralyses) | <input type="radio"/> | <input type="radio"/> |
| 10. Musculoskeletal diseases (e.g. spinal diseases, arthritis, muscular weakness) | <input type="radio"/> | <input type="radio"/> |
| 11. Metabolic disorders (e.g. diabetes (do you inject insulin?), thyroid disorders, gout) | <input type="radio"/> | <input type="radio"/> |
| 12. Blood disorders, coagulation disorders (e.g. do you bruise easily, suffer from nosebleeds?) | <input type="radio"/> | <input type="radio"/> |
| 13. Allergies (e.g. to medication, certain foods, Latex, iodine, plasters, other substances) | <input type="radio"/> | <input type="radio"/> |
| 14. Eye diseases (cataracts, glaucoma) | <input type="radio"/> | <input type="radio"/> |
| 15. Are you pregnant? Week? | <input type="radio"/> | <input type="radio"/> |

Are you currently on medication or do you take medication regularly?

- | | | | |
|---|---|-----------------------|-----------------------|
| • | • | <input type="radio"/> | <input type="radio"/> |
| • | • | | |
| • | • | | |

Have you ever had surgery? (If yes: which surgery? When?)

- | | | | |
|---|---|-----------------------|-----------------------|
| • | • | <input type="radio"/> | <input type="radio"/> |
| • | • | | |

Have you or your family members ever suffered from problems with anaesthesia?

- | | | |
|--|-----------------------|-----------------------|
| (e.g. nausea/vomiting after surgery, delirium, do you have an ID card for difficult intubation?) | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|

Thank you for your support!