

32 Anästhesie

Anaesthesia Informed Consent



Family name: _____

First name: _____

Date of birth: _____

Planned procedure: _____

Dear Patient

Anaesthesia means insensitivity.

During the explanatory interview with one of our specialists, you will be informed about your forthcoming anaesthesia. So that the choice of anaesthesia method can be tailored to your particular case, the anaesthesia specialist will take account of all relevant information, such as your state of health, co-existing illnesses, medication, any allergies you may have and the planned surgical technique. If different anaesthesia techniques are under consideration, advantages and disadvantages of the various methods will be discussed with you so that we can jointly decide on what is the best method for you. Please read through the following anaesthesia information sheet in preparation for your consultation.

General risks of anaesthesia

Thanks to continuous developments made in the field of anaesthesia, generally speaking anaesthesia is extremely safe and the risk of anaesthesia is extremely low. However, pre-existing illnesses must always be included when considering each individual's anaesthesia risk. The risk of serious incidents and complications is extremely rare.

Blood pressure fluctuations, nausea and vomiting, shivering, itching, bruises, local infections, pain at injection sites, back pain and headaches as well as difficulties when urinating can temporarily occur when patients undergo anaesthesia.

Very rarely allergic reactions may occur or – after major surgery – transient delirium is possible.

General anaesthesia

During general anaesthesia, medication is used to place you in a state of controlled unconsciousness and switch off pain sensation. While this is happening, your breathing needs to be supported. A breathing device that you will not notice, such as a laryngeal mask or a tube, will be placed in your pharynx or windpipe to support your respiration. At the end of the operation the breathing device is removed while you are still in a drowsy state.

Possible side effects: hoarseness, sore throat, swallowing difficulties, urinary retention, nausea, vomiting, shivering.



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Specific risks: pressure sores and/or injuries to mucous membranes, injuries to the vocal cords, dental damage/lip injuries, eye injuries, positional damage.

Serious risks (extremely rare): aspiration (gastric juice overflowing into the lungs), brief waking states while under anaesthesia.

Please note that hormonal contraception (pill or similar) may fail as a result of drug interactions.

Regional anaesthesia (partial or local anaesthesia)

For certain operations it is possible to numb just the region of the body that is being operated on. You will generally be awake during this kind of regional anaesthesia. You can listen to your favourite music through headphones. If you wish, you can be given a sleeping pill to help you doze during the procedure. If the regional anaesthesia is not effective enough, it can always be switched to general anaesthesia.

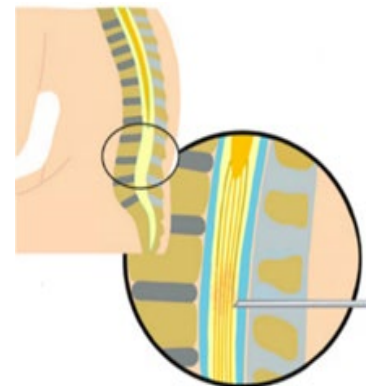
For certain procedures, regional anaesthesia may also be combined with general anaesthesia. With the help of a thin catheter, regional anaesthesia can be maintained for several days, thus achieving pain therapy with few side effects.

• **Spinal and epidural anaesthesia**

Spinal regional anaesthesia numbs the nerves close to the spinal cord. A larger body region from the trunk to the lower extremities is thereby made insensitive to pain. In addition, the mobility of the anaesthetized body region is significantly restricted or even completely blocked.

Possible side effects: headache, pain at the injection site, nausea/vomiting due to a temporary fall in blood pressure, difficulties urinating

Serious risks (extremely rare): deterioration of hearing and eyesight, brain haemorrhage, infection, nerve damage through to paraplegia.



• **Peripheral regional anaesthesia incl. intravenous regional anaesthesia**

Peripheral regional anaesthesia numbs individual nerves or networks of nerves.

It renders a limb or region of the body insensitive to pain. In addition, it markedly reduces or totally blocks the movement of the numbed limb.

Specific risks: bruising, local infection

Specific risks of punctures made to neck/shoulder or chest: breathing difficulties, collapsed lung, hoarseness.

Serious risks (extremely rare): seizures, nerve damage.





Sedation

Sedation involves giving medication to reduce consciousness and even produce twilight sleep. Local anaesthesia or regional anaesthesia can be combined with sedation.

Specific risks: attenuation of respiration

Serious risks: aspiration

Anaesthesia standby

The operation takes place under local anaesthesia. The anaesthesia team monitors breathing and cardiovascular function throughout the operation. If required, they can additionally give small quantities of pain-killers and/or sedatives.

Specific risks: none

Special measures

In the case of major surgery and/or severe pre-existing illnesses, special measures are required for monitoring purposes:

- Urinary catheter (bladder drainage catheter):** To monitor bodily fluid and drain the bladder.
Risks: infection, urge to urinate, later narrowing of the urethra.
- Arterial catheter:** For invasive measurement of blood pressure. Usually placed in the wrist.
Risks: bleeding, bruising, infection, nerve damage, blockage of a blood vessel.
- Long venous catheter:** For more long-term intravenous administration of specific medicines, e.g. long-term antibiotic treatment. Usually placed in the upper arm.
Risks: infection, bleeding, nerve damage, thrombosis.
- Central venous catheter:** For intravenous administration of specific medicines and for monitoring the heart and circulation. Usually placed in the neck or under the collarbone.
Risks: infection, bleeding, collapsed lung, nerve damage, thrombosis, pulmonary embolism.
- Blood transfusion:** To compensate for high blood loss.
Risks: transmission of viral diseases, intolerance reactions, lung damage, transfusion errors.
- Intermediate care unit (IMCU):** More intensive monitoring is planned or possible after the operation.
- I agree to the possible administration of off-label use medication:
A few drugs are used in the field of anaesthesia off-label, but evidence-based (based on scientific proof and evidence). Off-label use means the beyond-licence use of a medicinal product outside the areas of use (indications, patient groups) that are approved by the national regulatory authority.

Surgery-specific or patient-specific risk factors:

- Deterioration of pre-existing disease (e.g. heart, lungs, kidneys, etc.)**
- Other:** _____

Questions, comments:



Planned anaesthesia method:

You are not allowed to eat anything 6 hours before you are admitted. You may drink small quantities of clear liquids such as water, tea/coffee without milk/cream until the time of admission. Only take your own medicines as instructed by the anaesthetist.

Before admission please remove nail polish, ear-rings, jewellery and piercings.

Please remove dentures as well as contact lenses before you are brought to the operating theatre.

- Outpatients: You must be taken home by an accompanying person. For 24 hours after being discharged, you must not drink any alcohol, you must not drive or operate machinery and **you are advised not to sign any legal documents.**

Data protection information:

Your personal data on your peri-operative anaesthesia care, recorded as a matter of routine, will be forwarded in a pseudonymised form to the Swiss Society for Anaesthesiology and Perioperative Medicine (SSAPM). This is done in order to fulfil legal requirements placed on clinics in the areas of transparency, statistics, benchmarking and quality assurance. The quality body "Data and Quality Committee" of SSAPM has access to the pseudonymised personal data. Beyond that, third parties only have access to your personal data at the request of SSAPM in order to provide technical support and software management, while ensuring data security. Your personal data will be stored encrypted on Microsoft Azure servers in Switzerland. There will be no data transfer outside Switzerland. Your pseudonymised personal data will be stored as long as is necessary for analysis and quality assurance. Analyses of anonymised data may be published for scientific purposes.

You hereby confirm:

I have been thoroughly informed about the planned anaesthesia, its risks and possible alternative methods. All my questions were answered to my satisfaction.

I hereby consent to the planned anaesthesia and peri-operative care as well as any changes that may become necessary.

I agree that my pseudonymised personal data on peri-operative anaesthesia care, recorded as a matter of routine, may be forwarded to quality assurance, analysed and published for scientific purposes.

Place and date:

Patient / Legal Representative:

Block capitals:

Signature:

Anaesthetist:
