



Patient education and consent to anesthesia

Dear patient, dear parents

You will soon undergo surgery at the Gesundheitszentrum Fricktal (GZF). Anesthesia allows you to undergo surgery without experiencing pain. Before the procedure, the anesthesiologist will inform you about the suitable methods of anesthesia, as well as their advantages or disadvantages. The purpose of the consent discussion is to allow you to choose the most appropriate type of anesthesia.

We ask you to read the following information (methods, risks, and side effects of anesthesia) and to bring the completed and signed form and any additional documents (allergy passport, list of medications, documents from the family doctor) to your personal anesthesia consultation.

With the following questions we would like to collect important information about the state of your health so that we can plan your scheduled surgery under local, regional or general anesthesia in the best possible way.

Have you already had anesthesia/surgery?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you experience shortness of breath if you go up two flights of stairs without stopping?	<input type="checkbox"/> no <input type="checkbox"/> yes
Have you had any problems in this regard?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you suffer from a lung disease? (sleep apnea/asthma/COPD)?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have a metabolic disease? Diabetes (high blood sugar), Thyroid disease?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you smoke and/or drink regularly? Do you drink alcohol or use drugs?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have kidney problems (e.g. you need dialysis)?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you have a nerve disorder (stroke, paralysis, epilepsy, muscle disease)?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you suffer from acid reflux? Have you had surgery on your stomach?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you have a disease of the skeletal system (spinal damage, intervertebral disc problems, gait disorder)?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have a liver disease (e.g. jaundice, cirrhosis)?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you have loose teeth, damaged teeth or wear dental prostheses?	<input type="checkbox"/> no <input type="checkbox"/> yes
Are you taking blood-thinning medication?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you have an eye condition (e.g. glaucoma, cataract)?	<input type="checkbox"/> no <input type="checkbox"/> yes
What medications are you currently taking? _____ _____ _____		Do you have allergies (to medication, iodine, latex)?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have a blood disorder or blood clotting disorder? Do you bruise easily or tend to bleed from nose or gums?	<input type="checkbox"/> no <input type="checkbox"/> yes	For women: Are you pregnant?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have hypertension?	<input type="checkbox"/> no <input type="checkbox"/> yes	Do you suffer from any diseases not listed here?	<input type="checkbox"/> no <input type="checkbox"/> yes
Do you have a history of heart disease (e.g. heart attack, heart valve disease, pacemakers, arrhythmias, angina pectoris)?	<input type="checkbox"/> no <input type="checkbox"/> yes	Have any family members had problems in connection with anesthesia/surgery?	<input type="checkbox"/> no <input type="checkbox"/> yes
		Your questions and wishes regarding anesthesia: _____ _____	

Contact

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Information about safety and risks

Today the safety of all types of anesthesia is very high, and the risk of life-threatening incidents is extremely low, even with severe pre-existing conditions. All vital bodily functions are now fully monitored and, if necessary, can be corrected immediately, for example, cardiac activity, circulatory function and respiratory function. Serious side effects or even permanent damage are very rare.

Surname, first name: _____

Date of birth, age: _____

Weight: _____ Height: _____

Occupation: _____

Please check off the items discussed.

General risks

Nausea, vomiting, chills, itching, difficulty urinating, confusion and memory disorders

very rare: allergic and drug reactions, life-threatening incidents such as respiratory and circulatory arrest or anesthetic fever (malignant hyperthermia), positional nerve damage, infections or bleeding at the puncture site.

General anesthesia

Throat and swallowing problems, hoarseness, vocal cord injury, tooth damage, lip injuries, tongue disorders

very rare: Aspiration (stomach contents enter the lungs), anesthetic awareness during anesthesia, corneal injury

Regional anesthesia (partial anesthesia)

In any regional anesthesia the elimination of pain may be insufficient. However, we can supplement partial anesthesia with painkillers and sedatives or with general anesthesia at any time.

Spinal anesthesia, epidural anesthesia

Decrease in blood pressure with nausea, headache, back pain, urine retention

very rare: Impaired hearing and vision, nerve injury with paralysis or even paraplegia

Other forms of regional anesthesia (plexus, nerve block, intravenous regional anesthesia)

Vein irritation, bruising, infection, hoarseness

very rare: Nerve damage, intoxication (unexpectedly severe side effects of local anesthetics), lung collapse

Sedation – “calming”

(usually as preparation for anesthesia or in addition to partial anesthesia)

Respiratory depression, loss of consciousness

(e.g. reduced memory for the period of the effect or the surgery)

Special measures

– Bladder catheter: Urge to urinate, infection, narrowing of the urethra later on

– Blood transfusion: Intolerance reaction

very rare: Infections (e.g. hepatitis, HIV)

– Central venous catheter: Infection, bleeding, nerve damage, lung collapse, thrombosis

– Arterial cannula: Vascular occlusion, hemorrhage, infection, nerve injuries

– Monitoring station: After major surgeries or in the event of serious illness, a stay at the monitoring station (also called intermediate care or IMC) may be necessary.

Same-day discharge

If you can be discharged on the same day as the surgery, someone must drive or accompany you home. As a rule, until the next morning you should not operate any motor vehicle, make important legal decisions (e.g. sign contracts), drink alcohol or take sedatives.

For your safety

You are not allowed to eat anything for 6 hours before anesthesia.

You may still drink clear liquids (water or tea without milk or cream) until 2 hours before the entry. Please adhere strictly to these instructions.

Otherwise the risk of complications increases and you risk postponing the surgery. Do not take any medication on the day of surgery unless prescribed by a doctor. Please note that you must not wear contact lenses, rings, watches or other jewelry or dental prostheses during surgery! It is best to leave valuables and large amounts of cash at home.

Rules of conduct after surgery

Inform your doctor (061/835 66 66) if any of the following problems arise after surgery: severe nausea/vomiting, shortness of breath/chest pain, fever/chills, backache or headache/neck stiffness, sensory disturbances/ paralysis.

Consent to anesthesia (to be completed by Anesthesia)

Scheduled surgery: _____

Date of the surgery: _____

Planned method of anesthesia and additional measures

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Intubation | <input type="checkbox"/> Laryngeal mask | <input type="checkbox"/> Mask |
| <input type="checkbox"/> Spinal anesthesia | <input type="checkbox"/> IVRA | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Plexus | <input type="checkbox"/> LA/standby | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Pain catheter | <input type="checkbox"/> PCA | <input type="checkbox"/> Artery/CVC |
| <input type="checkbox"/> Indwelling catheter | <input type="checkbox"/> IMC | <input type="checkbox"/> Other: |

Anesthesiologist's notes for the consent discussion:

Duration of conversation: _____ min.

I have been informed and educated by the anesthesiologist about the planned type of anesthesia and its associated risks. I have read and understood the anesthesia brochure as well as all relevant information on safety and risks. I agree to the planned method of anesthesia and the risks, as well as to changes that may become necessary.

Date, signature of patient/
statutory representative: _____

Date, signature of anesthesiologist: _____