

Dear patient and parents

You or your child will soon be undergoing day surgery with a regional or general anaesthetic. To ensure you are well prepared for this, we would ask you to please read the following information carefully.

1. General

Please complete the questions on the registration form accurately. We require a written report from your family doctor/GP for any pre-existing illnesses and/or previous larger operations. It is imperative that any unclear health conditions are clarified beforehand. This information and these documents are primarily for your safety, and help us anaesthetists prepare things accurately. You must, however, arrive at our rooms early.

The responsible anaesthetist will introduce himself/herself to you on the day of the operation, answer any queries, and explain the course of the day.

2. Last food intake

Solid foods (incl. chewing gum, lollies etc.) and beverages containing milk or of a thick consistency are only permitted until **6 hours** before admission on the day of the operation. Clear liquids such as tea (even with sugar), syrup and water are permitted up to **2 hours** before admission. You must **not** consume **anything** thereafter. This rule must be strictly upheld.

3. Discharge

You can be discharged after the operation following consultation with your surgeon. For your safety, it is imperative you are accompanied by at least one other person. Children and disabled patients must be accompanied by two people.

You must similarly return home in a private vehicle or taxi, not by public transport. We strongly recommend refraining from alcohol consumption, active road usage (e.g. driving a car) or making important decisions during the first **24 hours** after undergoing an anaesthetic.

4. Own medications

You can take your own medications as usual prior to the operation, unless other arrangements have been discussed/planned with you in special cases (e.g. blood-thinning medications).

5. Problems after the operation

Please do not hesitate to call us if you experience sharp pain, concerns or problems regarding the anaesthetic administered – even after the operation.

You can reach us by calling the following numbers: **052 320 01 20 or 041 379 70 30** (secretary's office of narkose.ch)

Information on anaesthesia

Interscalene plexus anaesthesia¹ (regional anaesthetic)

As a single shot (one-off injection for during and after the operation)

or

With a catheter (insertion of a small, fine tube which constantly supplies medication to the nerve trunk, primarily for pain relief after the operation)

In this case, the local anaesthetic is applied on the side of the neck (the operating side), either as a one-off administration (single shot) or via a catheter (can be repeated at regular intervals) inserted into the vascular nerve sheath, before the procedure. Both techniques serve as post-operative pain relief, whereby the catheter technique can ideally be used over several days. A so-called nerve stimulator is used to ensure the nerves can be located reliably. Once the right location has been found, a weak electric current creates twitches in the relevant segment-indicating muscle of the respective arm.

Indication:

- Operations on the upper arm
- Operations on the shoulder joint
- Operations on the side edge of the collarbone

Single shot technique:

Surgical procedures in the shoulder-joint region, the outer edge of the collarbone or the upper arm, shoulder-joint mobilisation (frozen shoulder = stiff shoulders with limited mobility)

Catheter technique:

For operations requiring extensive pain relief after the operation, probably for several days, to assist with physiotherapy.

Risks:

Nerves are very occasionally (rarely) damaged by direct injury, bleeding (important: blood-coagulation medication must be promptly stopped), effusion or infection. This may result in permanent paralysis or sensory disorders in the affected area.

So-called pneumothorax occurs very rarely: The pleura can be injured when the nerve region is punctured, resulting in air catching between the chest wall and the lung. This side effect must be treated immediately in certain circumstances.

Agitation, seizures and cardiovascular failure are very rare, but can particularly occur if an anaesthetic is accidentally injected into a blood vessel.

In rare cases, this can lead to paralysis of the vocal chords (hoarseness) on one side or diaphragmatic elevation/droopy eyelids. All of these symptoms generally ease.

Axillary plexus anaesthesia (regional anaesthetic)

Here, the anaesthetic is injected into the vascular/nerve sheath of the armpit. In doing so, the nerves supplying the arm are deadened: The arm becomes heavy and numb in 10-20 min; there is a warm sensation. This anaesthetising effect lasts for several hours. A so-called nerve stimulator is used to ensure the nerves can be located reliably. Once the right location has been found, a weak electric current creates twitches in the arm.

Risks:

Nerves are very occasionally (rarely) damaged by direct injury, effusion or inflammations (infections), with the possible consequences described above (for the interscalene block). Agitation, seizures and cardiovascular failure are very rare, but can particularly occur if an anaesthetic is accidentally injected into a blood vessel.

Injuries to or expansion of the arm arteries are very seldom.

There is a certain risk that plexus anaesthesia will not last long enough (e.g. if the injected medication is not fully distributed), and this may then require general anaesthetic.

Spinal anaesthesia (regional anaesthetic)

Here, an anaesthetic is injected into the spinal canal at the level of the lumbar region using a thin needle. The nerve trunks running through here for the lower body are thus deadened. This quickly results in numbness, a warm sensation and limited leg movement, which can last for a few hours after the anaesthetic has been injected.

Coagulation-inhibiting substances must be stopped before operations involving spinal anaesthesia; please discuss the exact procedure with your GP, particularly in terms of controlling blood clotting:

Plavix **7** days prior, Marcumar **7** days prior.

The anaesthetist must be informed of any abnormal bleeding diathesis or effusion tendencies beforehand.

Risks:

Occasional: temporary drop in blood pressure, headaches, dizziness, vision and hearing problems, back pain.

Very rare: nerve damage through inflammations, direct damage or local bleeding (effusion). This can result in permanent paralysis or sensory disorders in the affected area. Warning signs for this are pains, recurrence or continuation of the numbing and paralysis.

Extremely rare: Urination problems which can lead to temporary but necessary catheterisation of the bladder.

There is a certain risk that spinal anaesthesia will not last long enough (e.g. if the injected medication is not fully distributed), and this may then require general anaesthetic.

Femoral nerve block (local numbing of the femoral nerves)

With a catheter (insertion of a small, thin tube which constantly supplies medication to the nerve trunk, primarily for pain relief after the operation)

Here, a catheter is inserted into the vascular nerve sheath in the groin region on the operating side prior to the procedure. This technique is used for post-operative pain relief, whereby the catheter is generally used for the first 48 hours after the operation. A so-called nerve stimulator is used to ensure the nerves can be located reliably. Once the right location has been found, a weak electric current creates twitches in the relevant segment-indicating muscle of the thigh.

Indication:

- Operations on the knee joint, e.g.
 - o Knee joint prosthesis
 - o Cruciate ligament reconstruction

In these operations, the pain catheter reduces the need for painkillers, as well as facilitates movement and physiotherapy. To ensure even pain relief, the local anaesthetic is administered using a syringe pump connected to the pain catheter.

Risks:

Typical epiphenomena are numbness in the front and outer side of the thigh, and occasionally also reduced muscle strength in this area. Relevant pain relief implies the pain catheter is functioning correctly.

Nerves are very occasionally (rarely) damaged by direct injury, bleeding (prompt stoppage of blood-coagulation medication is important here), effusion or infection (daily catheter checks should prevent this).

Agitation, seizures and cardiovascular failure are very rare, but can particularly occur if an anaesthetic is accidentally injected into a blood vessel.

Obturator nerve block (regional anaesthetic)

A local anaesthetic is injected next to the femoral nerve (nervus obturatorius) in the back region, near the pubis. You do not feel this, as this block is generally administered in combination with an anaesthetic close to the spinal cord (spinal anaesthesia). This prevents uncontrollable movement of the thigh during resection (removal) of tumours from the sidewall of the bladder.

A so-called nerve stimulator is used to ensure the nerves can be located reliably. Once the right location has been found, a weak electric impulse creates inward twitching of the leg.

Risks:

There are no special contraindications. The bladder wall may be damaged during the operation if insufficient block has been administered.

Nerve damage through direct injury is very rare.

There is a certain risk of thrombosis/embolism with all regional anaesthetic procedures.

All regional anaesthetic procedures can be conducted painlessly, as the puncture site is numbed locally beforehand.

General anaesthesia:

General anaesthesia is a deep-sleep-like state. With children, an anaesthetic gas² is also administered through a transparent facial mask until they fall asleep. Only then can infusion³ take place and anaesthesia be continued with medication injected through the newly created route of administration.

Infusion is generally performed on young adults and adults while they are awake. They fall asleep around 30 seconds after the anaesthetic⁴ has been injected.

Breathing usually has to be artificially supported during anaesthesia.

The anaesthetic supply is stopped at the end of the procedure, and the patient wakes up within a few minutes. This is followed by post-operative observation until the patient feels well enough to go home – accompanied.

Anaesthetics today are very **safe**, with a low risk factor. Vital functions such as breathing and the cardiovascular system are constantly monitored by the anaesthetist. Major accidents and complications are thus very seldom in all modern procedures. The risk essentially depends on the patient's age, lifestyle and any pre-existing illnesses, as well as the type and duration of the procedure.

General side effects and complications:

Occasional:

- Effusion/haematoma in the cannula puncture region
- Difficulties swallowing, slight hoarseness from the intubation⁵.

Rare:

- Vomiting once the anaesthetic has been administered. This entails the risk of acidic gastric juice entering the lungs, causing pneumonia. This complication can occur if the fasting/sobriety rule has not been followed.
- Hypersensitivity or allergic reactions to general anaesthetics, local anaesthetics, other medications used or rubber items are also rare. Their symptoms include itchiness, skin rashes, swelling in the lips and face, drop in blood pressure, reduced heart rate or possibly even an asthma attack, and are treated by the anaesthetist immediately.

The following side effects and complications do not depend on the anaesthetising procedure selected:

- Sensation of cold, cold shivers, temporary difficulties urinating, back pain.
- Nausea and vomiting: rare with the anaesthetics used today.
- Damage to skin and nerves: Through pushing and pulling during positioning, with temporary adverse effects on nerve function or, very rarely, permanent failure.

Particular but rare side effects and complications of general anaesthesia:

- Damages to teeth – particularly around the upper incisors – and replacement of teeth as a result of intubation are very rare.

- Adverse effects on breathing and respiration during anaesthesia can occur in the event of pre-existing airway disorders, and depend on the severity of the pre-existing illness. With acute illnesses, this can lead to postponement of the operation.

With chronic airway diseases, a GP report is very important for ensuring an accurate evaluation of a patient's ability to undergo anaesthetic.

- Death and/or the feared complications such as heart failure, circulatory failure and respiratory failure with possible damage to vital organs, particularly the brain, are very rare nowadays.

1. Possible complications can generally be identified early enough through precise monitoring.

2. The medical history can identify particular and severe pre-existing illnesses, certain rare hereditary illnesses and other complicating pre-existing conditions, allowing the anaesthetic process, medications and entire infrastructure to be selected accordingly. An optional procedure can even be postponed or completely cancelled. This also applies if the fasting/sobriety rules are not upheld or the medical instructions are not followed.

Glossary:

1 Plexus, e.g. around the side of the neck towards the shoulder/armpit or in the armpit itself

2 Anaesthetic gas: A liquid substance vaporised in a special instrument. This means it is not actually a gas, but rather a vapour.

3 Infusion: A container with a special sterile liquid is connected to the already inserted injection cannula using a fine tube system.

4 Anaesthetic: Medication causing artificial unconsciousness.

5 Intubation: In patients who are already asleep, a fine tube is inserted into the air pipes through the nose or mouth. This tube ensures steady breathing with oxygen and air during general anaesthesia

Please also tell us whether you wear or urgently require a hearing aid, contact lenses, removable false teeth or any other prostheses; you should remove any rings, jewellery, implants (including piercing jewellery), artificial hair pieces. Please do not wear any facial cream or other cosmetics (make up, nail polish etc.) on the day of operation either!

I have read and understood this information (Anaesthetic information, possible forms of anaesthetic) and will follow the recommendations and instructions stated therein.

I am aware that I will receive a separate invoice for the anaesthetic service.

Please tick the relevant box below:

- I have sufficiently understood the information (this brief sheet) and do not wish to personally discuss the intended anaesthetic by telephone before the day of procedure, nor do I want a personal discussion at an anaesthetic consultation.
- I would like to personally discuss the intended anaesthetic by telephone before the day of the procedure. I will await a call from the competent anaesthetist 1-2 days before the day of the procedure. If the procedure is scheduled for a Monday, I will expect the call by the Friday before.
- I would like to personally discuss the intended anaesthetic at your anaesthetic consultation before the day of the procedure, and will await your call.
You can contact me at the following times:

Date: Patient name:
Address:
Tel. no.:
Date of operation:

Patient signature: Signature of legal representative if applicable:

Please complete and sign the last page of this form in full and send it back to us by fax or express post. Please note that we must be aware of your decision, particularly if you require an anaesthetic consultation, at least 5 days before the procedure.

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Fax 052 320 01 21

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