

Dear patient

You will soon be undergoing ophthalmic day surgery with local anaesthesia and monitoring by an anaesthetist. To ensure you are well prepared for this day, we would ask you to please read the following information carefully.

#### 1. General

We have received the registration for your operation from your surgeon.

This registration also contains a brief report from your family doctor/GP on your state of health, because it is very important that the anaesthetist monitoring you is aware of any pre-existing illnesses.

The responsible anaesthetist will introduce himself/herself to you on the day of the operation, and explain the course of the day. He/she will also be available to answer any questions.

#### 2. Last food intake

Solid foods 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, and it is also advisable that you return home in a private vehicle or taxi, not by public transport. We strongly recommend refraining from active road usage (e.g. driving a car).

#### 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).

### Information on anaesthesia

Certain eye operations (e.g. cataract operations) can be performed by locally anaesthetising the eye.

In this process, the surface of the eye is numbed with local anaesthetic drops. The subsequent operation is performed on the conscious patient, whereby the anaesthetist monitors circulation and breathing, and is ready to assist the surgeon if any problems arise.

To do this, the anaesthetist will insert a fine cannula into the patient's forearm or the top of their hand before the operation commences. This enables medication to be injected at any time if necessary without an additional puncture.

For surgical or other reasons, it may be necessary for the surgeon to select a so-called retrobulbar block to ensure the eye is temporarily well numbed. A short, general anaesthetic is given so that you feel minimal discomfort from the puncture made as part of this block

After the block has been administered by the ophthalmologist, the patient wakes up and the operation can be performed on the awake and therefore co-operative patient, whose eye has been numbed.

The risks and side effects of general anaesthesia are minimised in this procedure.

During the operation, the anaesthetist will continue to monitor the circulation and breathing, and is prepared to assist the surgeon with his/her specialist knowledge if any problems arise.

In both processes, it is possible to switch to a general anaesthetic if, for example, the local anaesthetic does not last long enough, or for other relevant reasons. In this case, the patient remains under anaesthetic for the whole operation.

General anaesthesia is a deep-sleep-like state. With children, an anaesthetic gas<sup>1</sup> is also administered through a transparent facial mask until they fall asleep. Only then can infusion<sup>2</sup> take place and anaesthesia be

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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 anaesthetic<sup>3</sup> 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. This type of anaesthetic is primarily used right from the start for operations to correct strabismus, but can also be considered for other ophthalmological procedures, e.g. if the patient is restless. The patient's health is, however, always taken into account in order to minimise the risks and any side effects, and to ensure the patient's safety.

**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 nowadays thus very seldom. 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 on the arm or top of the hand.
- Difficulties swallowing, slight hoarseness from the intubation<sup>4</sup>.

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.
- Sensation of cold, cold shivers.
- Nausea and vomiting are generally rare with the anaesthetic medication used today.

#### 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 anaesthesia.

- Many people are concerned about death and/or severe complications such as heart failure, circulatory failure and respiratory failure with possible damage to vital organs, particularly the brain, in relation to anaesthesia. Such complications are extremely rare nowadays. Here is some further information about this:

1. Possible complications can be identified early enough through precise monitoring using modern equipment.

2. The medical history (GP report) 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 adapted accordingly. If a procedure is not urgently necessary (not an emergency), it can be postponed or even completely cancelled for safety reasons.

If the fasting/sobriety rules have not been upheld, anaesthetic is strictly prohibited for optional procedures (procedures for which the date can be freely chosen, as there are no vital reasons for it to be performed immediately). This has nothing to do with any post-operative nausea, but rather with airway safety during anaesthesia.

#### Glossary:

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

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

3 Anaesthetic: Medication causing artificial unconsciousness.

4 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!

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I have read and understood this information (Brief information on anaesthetics, important points for you) and will follow the recommendations and instructions stated therein.

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. The personal consultation prior to the procedure on the day of the operation will be sufficient.
- 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: ..... Surgeon: .....

Signature of the patient (or legal representative): .....

Please complete and sign the last page of this form in full and send it back to us by fax or express post to:

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**Fax 052 320 01 21**

narkose.ch, Huobmattstrasse 7, 6045 Meggen  
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