

Dear patient and parents

You or your child will soon be undergoing day surgery under general anaesthetic or sedo-analgesia. 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 a general anaesthetic or sedo-analgesia.

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

General anaesthesia:

General anaesthesia is a deep-sleep-like state. With children, an anaesthetic gas¹ is also administered through a transparent facial mask until they fall asleep. Only then can infusion² 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 anaesthetic³ 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.

Sedo-analgesia⁶:

Sedo-analgesia is a state in which the patient's consciousness and pain sensitivity is so muted that they hardly notice any unpleasant external irritants, but are not actually asleep and therefore remain responsive at all times. The same medications used for general anaesthesia are generally also administered here via infusion (cf. above) – but in a much lower dose.

In this process, it is very important that the patient is always able to guarantee their breathing and the safety of their airways themselves. They must thus be able to breathe, cough, swallow and make themselves noticed on their own / be responsive – unlike with general anaesthesia.

As soon as the sedo-analgesic medications have taken effect, the surgeon will inject a local anaesthetic using a syringe. This is barely noticed by the patient due to the numbing, but aims to ensure effective analgesia during the operation.

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 intubation⁴ with general anaesthesia.

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:

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

- Adverse effects on breathing and respiration during general anaesthesia, or on breathing during sedo-analgesia, 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 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.
- 5 Sedo-analgesia: From sedation = dulling, analgesia = painlessness

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 the information on general anaesthesia and sedo-analgesia, 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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