



Name _____

First name _____

Date of birth ___/___/___

Patiëntenvignet

FORM 1

ANAESTHESIA: INFORMATION AND INFORMED CONSENT

The purpose of this document is to inform you about anaesthesia.

We would like you to read it carefully, so that you will be able to consent to your anaesthesia fully informed. After reading this document you are welcome to ask your Anaesthetist additional questions about your specific anaesthesia. For all questions concerning the treatment or examination that you are about to undergo, we invite you to ask the specialist who will be performing this procedure.

What is anaesthesia?

Anaesthesia means the whole array of techniques that enable us to carry out a surgical, obstetric or medical (radiologic, endoscopic, ...) intervention safely and painfree.

There are three major groups of anaesthetic procedures: general anaesthesia, sedation and locoregional anaesthesia.

- General anaesthesia is a condition comparable to being asleep. This condition is obtained by administering intravenous medication or by inhaling anaesthetic gasses.
- Sedation is a light form of anaesthesia that reduces the level of consciousness without causing a full loss of consciousness. The decrease in consciousness may be more or less acute, depending on the case.
- Locoregional anaesthesia allows only a limited part of the body to become insensible, by blocking the nerve fibres in the target surgical area. This is achieved by injecting local anaesthetics around those nerves. Spinal and epidural anaesthesia are special forms of locoregional anaesthesia: the local anaesthetic is injected around the nerves close to the spinal cord. Although the locoregional anaesthesia technique is applied with the necessary care and skill, additional general anaesthesia or sedation might sometimes be required. For certain surgical treatments this is always the case.

Regardless of the type of anaesthesia, the anaesthetist will be monitoring your blood pressure, heart rhythm and respiration during the whole procedure.

The choice for the type of anaesthesia depends on the intervention as well as on your past medical history (diseases, operations, medication, allergies, ...). In certain circumstances a specific type of anaesthesia may be impossible or less advisable. It is up to the anaesthetist to consider the options.

Possible risks of anaesthesia (list by no means exhaustive)

Every medical treatment involves risks, even though it is performed with competence and according to the latest scientific guidelines.

Fortunately the current technical possibilities of patient monitoring during the anaesthesia and wake-up phase allow a rapid detection and treatment of possible anomalies and complications.

Moreover, severe complications of anaesthesia (whether they are of a cardiac, respiratory, neurological or allergic nature) have become very rare.

The risk that you pass away during or after a surgical treatment is extremely low and it is more likely to be due to your past medical history, the underlying disorder for which you are being treated and the type of operation, rather than to the anaesthesia itself.

Serious complications aside though, anaesthesia and surgery may sometimes cause unpleasant side effects.

What are the possible side effects and complications of general anaesthesia (list by no means exhaustive)?

After a surgical treatment, nausea and vomiting may occur, due to surgical, anaesthetic as well as patient-related factors. We can administer medication that prevents these side effects to a large extent.

To secure breathing during the anaesthetic process it may be necessary to insert a little tube into the trachea. This may cause a temporary sore throat or hoarseness afterwards. Some damage to the teeth is also possible. That is why it is important for you to report any dental problems, prosthesis and implants and if necessary to consult your dentist before the scheduled procedure.

Lying down in the same position for a long time may cause compression of certain nerves, possibly resulting in temporary tingling or numbness and (very rarely) paralysis of one of the limbs.

After a general anaesthesia it is possible (but extremely rare) that patients have some recollection of the operative process. Memory problems or difficulties in concentrating may occur during the first hours after waking up. Blurred vision after general anaesthesia may be caused by the protective eyedrops. It is also possible that you start shivering after the operation. This may be caused by cooling down during the operation, due to certain medication or stress. Warm blankets are available in the recovery room. Itching and headache are also possible side effects, which are usually easy to treat.

All symptoms and discomforts mentioned above are usually of a temporary nature. In case they do not disappear, please consult your Anaesthetist.

Aspiration of stomach contents and the complications linked to it are possible but very rare when the guidelines on fasting before the operation have been followed.

Unforeseen complications with serious consequences such as severe allergic reactions, lack of oxygen, cardiac arrest etc. are all extremely rare.

What are the side effects and complications of locoregional anaesthesia (list by no means exhaustive)?

There are specific risks, typical for neuraxial (spinal and epidural) anaesthesia.

Sometimes several punctures may be necessary, which may cause soreness near the place of the puncture. A temporary drop in blood pressure and heartbeat may occur. Difficulty in urinating may require temporary insertion of a urinary catheter. Headaches due to an epidural are rare, but might require specific treatment. Very rarely a temporary decrease in hearing and sight arises. And very rarely an epidural haemorrhage occurs.

There are also specific risks with regard to other forms of locoregional anaesthesia.

After the locoregional anaesthesia of the eye, complications such as diplopia (double vision), bruises or (even more rarely) local anaesthetic toxicity or an injury to the eye itself are possible. This may result in residual injuries, varying in time.

Certain locoregional techniques near the upper limbs or thorax may cause some respiratory complications, which are temporary.

All techniques of locoregional anaesthesia could possibly cause serious but at the same time very rare complications, such as e.g. permanent insensitivity, paralysis, cardiac complications, convulsions or damage to nearby organs.

As explained above, the possible complications due to general or locoregional anaesthesia are not the same, however one technique does not pose more risks than the other. Each technique has its own pros and cons. It is up to the anaesthetist to consider which technique is most suited to your treatment.

General Information and Important Guidelines

On admission to hospital

For every operation or procedure under sedation you can safely eat a light meal (e.g. 2 crackers with jam) up to 6 hours before your admission. Cheese, meat, eggs and yogurt are not allowed.

Up to 2 hours before your admission clear, sugary drinks are allowed and even advisable. This includes soft drinks, coffee or tea with sugar (no milk!), fruit juice (without pulp), etc. up to a maximum of 2 glasses per hour.

Bottle-feeding for babies is allowed until 6 hours before admission, breastfeeding until 4 hours before admission and sugared water until 2 hours before admission.

We advise you to stop smoking 3 months before the operation. If this is not possible, stop smoking at the latest 6 hours before admission.

Leave tooth prosthesis, glasses, contact lenses, hair pins and piercings in your room when you are being transferred to the operation theatre. When you completely depend on your hearing aid, you can keep it in until you enter the operation theatre.

Leave valuables such as jewellery and watches at home. On the day of the operation you are not allowed to wear any make-up or nail polish.

Medications: from your General Practitioner or at the anaesthesia pre-operative consultation you will be told which medication you should stop and which you should continue until the day of the operation.

Please be aware that some medications have to be stopped 10 days before the operation! Therefore, you need to get this information the earliest possible.

On discharge from hospital:

From the ambulatory care:

- You cannot drive a car for the first 24 hours
- You should be accompanied by an adult for the first 24 hours when going home

General anaesthesia may decrease the effect of your oral contraceptive! So, after an anaesthesia it is wise to use a different type of contraceptive besides the Pill until you start with the next pill blister pack.

INFORMED CONSENT FOR ANAESTHESIA

IT IS COMPULSARY FOR PATIENTS TO COMPLETE AND SIGN THIS FORM BEFORE TREATMENT

PATIENT IDENTIFICATION DATA:

First name and family name: _____ Date of birth: ___ / ___ / ____

IDENTIFICATION DATA OF REPRESENTATIVE IN CASE PATIENT IS UNDERAGE OR LEGALLY INCOMPETENT:

First name and family name: _____ Relation with patient: _____

Scheduled treatment: _____ LEFT/RIGHT Date ___ / ___ / ____

I hereby voluntarily give consent to administer anaesthesia for my scheduled operation, treatment or examination. I have already signed and handed in the Informed Consent form for the scheduled operation, treatment or examination to the treating doctor.

I expect the Anaesthesia Service to adapt the nature of the anaesthesia to the choice of the scheduled treatment or examination, taking into account the most recent scientific advice. I know that uncertainties and questions can be discussed with the Anaesthetist, prior to the anaesthetic being administered.

I know that the Anaesthesia Service, in collaboration with the treating doctor, guarantees a correct monitoring of pain treatment in the period immediately after the operation.

Administering sedation involves certain risks, about which I have been informed through the information brochure on anaesthesia.

I know I have been given the opportunity to receive additional information before signing this document.

I realize that the risks of anaesthesia are determined to a large extent by my general medical condition and the severity of the operation or treatment.

I know that not complying with recommendations on fasting and home medications before the operation may increase the risks of anaesthesia.

I know that during the first 24 hours after the operation:

- I am not allowed to drive a car, ride a motorcycle/bicycle or operate dangerous machinery
- I should not drink alcohol
- I should always be in someone's company
- It is not advisable to sign any legal documents or to take important decisions.

I hereby declare that I have received and taken note of the above mentioned information about anaesthesia. I also declare that I have read the above guidelines and that I understand and acknowledge them. I declare that I have completely read the text above and that I understand it.

Read and approved on ___ / ___ / ____

Signature _____

TO BE COMPLETED BY YOUR ANAESTHETIST

Applied type of anaesthesia: General – Sedation – Neuraxial – Plexus – Local - IVR ASA-score : 1 2 3 4

I hereby declare that I have discussed the type of anesthesia with the patient, that everything was clear and there were no further questions before starting the procedure.

I declare that I assessed the patient before starting the anesthesia.

Name and signature Anaesthetist: _____ Date: ___ / ___ / ____