

Name:

First name:

Date of birth:

Anaesthesia explanations and consent

All anaesthesia methods have specific risks and we would like to inform you about them. The anaesthetist will discuss the method with you. Please do not allow yourself to become concerned by the list of risks; all in all, serious complications very rarely occur. Please discuss the anaesthesia explanations with your anaesthetist.

General risks associated with anaesthesia

Allergic reactions, nerve damage, urinary behaviour, nausea, vomiting, itching, shivering, bruising, back pain, respiratory and cardiac arrest, reduced concentration and retentiveness

General anaesthesia ("full anaesthesia")

Blocking of sensitivity to pain and consciousness

Specific risks: inhalation of vomit, vocal cord damage (hoarseness, breathing difficulties), difficulty in swallowing, tooth damage, waking up during full anaesthesia, temporary agitation and confusion after anaesthesia.

Epidural or spinal anaesthesia ("regional anaesthesia", peridural anaesthesia, spinal anaesthesia)

Blocking of sensitivity to pain by anaesthetising the epidural or spinal nerves

Specific risks: headache, drop in blood pressure with nausea, impairment of hearing and vision, vary rarely hemorrhage or infection in the spinal canal, nerve damage, paraplegia (paralysis of the lower limbs), chronic pain.

Local anaesthetic procedures (e.g. nerve block anaesthesia, infiltration or intravenous regional anaesthesia)

Blocking of sensitivity to pain in individual nerves or specific regions (shoulder, arm, leg)

Specific risks: nerve damage, such as loss of feeling, paralysis, chronic pain

Sedation

Reduction in perception by means of medicines during surgical procedures or operations in local anaesthesia

Specific risks: shallow breathing, impaired consciousness

Both epidural and local anaesthesia procedures may have insufficient pain blocking effect. A complementary general anaesthetic may be administered at any time, however.

Specific risks of special measures during major operations or severe general ill health

- Arterial cannula Infection, blood vessel blockage, bleeding
- Central venous or right-heart catheter Infection, nerve damage, bleeding, cardiac arrhythmia, pulmonary collapse / bleeding
- Urinary catheter Infection, desire to pass water, subsequent narrowing of the urethra
- Blood transfusion Transmission of viral diseases (hepatitis, AIDS), adverse response
- Transoesophageal echocardiography Tooth damage, difficulty in swallowing, injury to the gullet

What to do after outpatient anaesthesia

If the procedure is being carried out on an outpatient basis, the patient must be picked-up by an adult and appropriate home care must be ensured. Due to the after-effects of the anaesthesia, patients should not drive, work on moving machinery or consume alcohol or sedatives for 24 hours, unless otherwise instructed by a doctor. They should also refrain from making important decisions.

The anaesthetist will personally discuss the planned anaesthesia with you. You may make a note of your questions here:

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Doctor's notes concerning the preoperative consultation: Length of consultation:Min

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The doctor has adequately explained the anaesthesia methods and anaesthesia risks to me and I have no further questions. I hereby give my consent to the agreed anaesthetic procedure and to any necessary amendment or augmentation of the anaesthetic procedure and to any necessary ancillary and subsequent interventions. I hereby consent to the routine data gathered during my perioperative treatment being analysed in anonymous form and published for scientific purposes.

I do not consent to the publication of the anonymised data.

.....
Date

.....
Patient's signature

.....
Doctor's signature

Anaesthesia questionnaire

In order to assess your anaesthesia risk, we would ask you to please answer the questions below and bring the completed questionnaire with you to the hospital. It will form the basis for your consultation with the anaesthetist. By signing it, you confirm that it is completed correctly. Thank you for your assistance.

		YES	NO
• Do you feel healthy?		<input type="checkbox"/>	<input type="checkbox"/>
• Can you climb two flights of stairs without stopping?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you had any serious injuries in recent years?		<input type="checkbox"/>	<input type="checkbox"/>
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• Do you suffer from:	> increased tendency to bleed, bruising for no apparent reason, frequent nosebleeds, gum bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
	> high blood pressure (hypertension), low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
	> cardiac diseases, angina pectoris, cardiac infarction, cardiac defect?	<input type="checkbox"/>	<input type="checkbox"/>
	> cardiac arrhythmia, atrial fibrillation, palpitations, irregular pulse?	<input type="checkbox"/>	<input type="checkbox"/>
	> lung diseases, asthma, chronic bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
	> stomach ulcer, acid reflux, vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
	> allergies (e.g. hay fever, eczema, nickel, bee stings, etc.)? Have you ever experienced an unusual reaction (allergy) to medicines such as antibiotics (e.g. penicillin, Bactrim), anaesthetics, iodine or other materials such as latex, rubber, plasters, bananas, kiwi fruit?	<input type="checkbox"/>	<input type="checkbox"/>
	> diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>
	> eye diseases (glaucoma/cataracts, previous operations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
	> serious rheumatism (joint rheumatism, rheumatic fever)?	<input type="checkbox"/>	<input type="checkbox"/>
	> thyroid diseases, kidney diseases?	<input type="checkbox"/>	<input type="checkbox"/>
	> liver diseases, jaundice, hepatitis, AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
	> epilepsy, migraine?	<input type="checkbox"/>	<input type="checkbox"/>
	> muscle diseases, muscle weakness, malignant hyperthermia?	<input type="checkbox"/>	<input type="checkbox"/>
	> back pain, sciatic pain, paralysis?	<input type="checkbox"/>	<input type="checkbox"/>
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• Have any of your blood relatives experienced incidents associated with an anaesthetic?		<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever received a blood transfusion?			
If yes:	> Did you receive the blood transfusion within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
	> Have you ever experienced any complications related to a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
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• For women only:	Are you pregnant? If so, when was your last period?	<input type="checkbox"/>	<input type="checkbox"/>
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• Do you smoke?	how much? since when?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you drink alcohol regularly?	how much?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you take recreational drugs?	which? how much?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you need routine medication, especially blood thinners or anti-coagulants (e.g. Sintrom, Marcoumar, aspirin, Tiatral, Persantin, Fragmin, Fraxiparin, etc.)? If so: which? how many? Please bring dosage card with you if you have one.		<input type="checkbox"/>	<input type="checkbox"/>
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• Have you already undergone an operation?	If yes: what for? when?	<input type="checkbox"/>	<input type="checkbox"/>
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• Did you experience any problems with the anaesthetic?	If yes: what problems?	<input type="checkbox"/>	<input type="checkbox"/>
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