

Please sign this before
you return it!

Information on anaesthesia

Questions relating to you and your health

What to do before and after the operation

1. Please carefully read the information on the anaesthesia methods used and the possible risks. If you have any questions, please do not hesitate to contact us by telephone or make use of our anaesthesia consultation.
2. Please answer the questions about you and your health accurately, even if you have already been treated at our clinic.
3. Please carefully read the information on what to do before and after your surgery and follow our recommendations.
4. Please sign this questionnaire in the red box and return it to us in the envelope enclosed. If you are coming to the clinic for an anaesthesia consultation, you can bring the questionnaire with you.

1. DISCLOSURE OF INFORMATION AND CONSENT FOR ANAESTHESIA

Dear patient,

You will be undergoing surgery in the near future at the Pyramid Clinic and have personally received information and explanations from your surgeon regarding the planned surgery, the risks of the operation and possible complications. You have confirmed this by signing a declaration of consent. A suitable method of anaesthesia is required so that the surgery can be performed. For this reason, you will be supported by an experienced specialist in anaesthesia who will administer general anaesthesia, regional anaesthesia or a combination of these two methods. The objective is to take you as safely and comfortably as possible through the period before, during and after your operation.

Anaesthesia can also have adverse effects and risks; a few are more frequent, while most are rare or unlikely. This information sheet and questionnaire are intended to give you the opportunity to inform yourself about the methods of anaesthesia and their accompanying risks before your surgery. The completed questionnaire also provides us with valuable information about your state of health, so that we can keep the risk to you as low as possible.

General anaesthesia

During general anaesthesia, various medications are used to put the patient into a state of unconsciousness and freedom from pain. Breathing is supported with air enriched with oxygen. Breathing aids such as face masks, laryngeal masks and endotracheal tubes are used; you will not feel anything in this regard.

Regional anaesthesia or nerve blocks

For some operations, there is the option of making only the body part concerned insensitive to pain. When a regional anaesthetic or nerve block is used, you can remain awake or fall into a light sleep induced by medications. Should the regional anaesthetic not be sufficient, additional analgesics can be added at any time or a general anaesthetic can be administered. The most important regional anaesthetic procedures are listed below.

Spinal/epidural/peridural anaesthetics: A local anaesthetic (a drug used to numb a small area of the body) will be injected into the cerebrospinal fluid that surrounds the spinal nerves (spinal anaesthetic) or into the gap between the spinal cord and the spinal canal (epidural or peridural anaesthetic). The affected area will be numb and you will not be able to move your legs for a certain period of time.

Nerve blocks: These are blocks of individual or multiple nerves with a local anaesthetic, for example for the nerves in the armpit that are responsible for the arm and the hand (axillary plexus block), in the neck for the shoulder region (scalene block) and in the thigh for the lower extremities (femoral and sciatic block). Often a thin catheter is put in place which an analgesic block can be continued for a number of days.

Combination anaesthetics (regional and general anaesthetics)

For some types of operations, it is useful to combine general anaesthesia with a regional anaesthetic.

Safety and side effects of anaesthesia

These days, all anaesthetic procedures are very safe and the risk of life-threatening events, even in patients with severe pre-existing conditions, is extremely low. Temporary or permanent damage caused by anaesthesia is extremely rare.

In the case of general anaesthesia, possible damage to the teeth, particularly in already diseased teeth, as well as temporary hoarseness and pain when swallowing may occur after laryngeal catheterization. In the case of regional anaesthetics and nerve blocks, temporary impairments in sensation may occur, however these can also be the result of a particular positioning during surgery. In extremely rare cases, longer-lasting paralysis and changes in sensation may occur.

Unpleasant side effects which may occur after anaesthesia include nausea and vomiting, chills, a feeling of being cold and difficulties with urination. These rarely last long and can be treated. Intolerance to the anaesthetic drugs is rare. However, unpleasant side effects often occur with medications used in conjunction with an operation, such as analgesics, antibiotics and others. These include allergies, dizziness, fatigue, nausea and vomiting.

You as a patient have a right to accurate information about the anaesthetic procedures used for your surgery and their risks. Please make use of our anaesthesia consultation in Zurich for this purpose and contact our reception for an appointment: the phone number is **+41 44 388 15 15**. For legal and organisational reasons, the consultation should take place no later than three days before the operation. Exceptions to this rule are emergencies and a short registration period. As an alternative to the anaesthesia consultation, you can ask questions by telephone.

If you have no questions at all and do not wish to make use of the anaesthesia consultation or the telephone consultation, we require the following waiver from you:

Waiver of the anaesthesia consultation

I am aware of the options of obtaining information by phone or attending the anaesthesia consultation before the operation if I have any questions or require clarification. However, I confirm that I have read and understood the information provided in this information sheet and questionnaire regarding the methods used for anaesthesia and their most important possible side effects and complications, consider this to be sufficient, and thus intentionally waive the use of the options provided.

Location, date:

Patient signature:

Important: In all cases, the anaesthesiologist responsible for you, who will take care of you before, during and after the operation, will discuss with you on the day of your surgery the method of anaesthesia best suited to you and your operation. You likewise have the opportunity to ask questions at this time. The appropriate method of anaesthesia will then be determined together with you, taking your wishes into account to the greatest extent possible.

Record of the anaesthesia consultation

Location, date:

Patient signature:

Physician:

2. QUESTIONS RELATING TO YOU AND YOUR HEALTH

General information

Surname: _____ First name: _____

Date of birth: _____ Weight (kg): _____ Height (cm): _____

Previous surgeries and anaesthetics: _____ Year: _____

Have you or your blood relatives ever had difficulties with anaesthetics?

No If yes, please specify: _____

Have you been treated by a physician within the last three months?

No If yes, why? _____

Do you currently feel healthy?

Yes If not, why not? _____

For female patients: Are you possibly pregnant?

Yes No Don't know

Have you had a blood test for HIV (AIDS)?

No If yes, please state the result: _____

Do you wear removable dentures?

Yes No If yes, please specify: _____

Special requests or comments:

Medications

Medications that you take regularly and/or have taken within the last 10 days (including sleeping tablets, painkillers, flu medications, hormone patches, aspirin, etc.):

2. CONTINUED

Alcohol, tobacco, other substances, etc.

Do you smoke?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text" value=""/>	packs per day	for	<input type="text" value=""/>	years
Alcohol consumption:	<input type="checkbox"/> No	<input type="checkbox"/> Rarely	<input type="checkbox"/> Regularly				
Drug use:	<input type="checkbox"/> No	If yes, which substances do you use?					

General state of health

Allergies:	<input type="checkbox"/> No	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Plasters/Bandaids	<input type="checkbox"/> Foods
		<input type="checkbox"/> Medications	<input type="text" value=""/>	
		<input type="checkbox"/> Other	<input type="text" value=""/>	
Blood:	<input type="checkbox"/> Normal	<input type="checkbox"/> Bruises	<input type="checkbox"/> Frequent nosebleeds	<input type="checkbox"/> Clotting problems
Heart:	<input type="checkbox"/> Normal	<input type="checkbox"/> Angina pectoris	<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Difficulty climbing stairs
		<input type="checkbox"/> Arrhythmia	<input type="checkbox"/> Heart operation	
Cardiovascular system:	<input type="checkbox"/> Normal	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Low blood pressure	
Lungs:	<input type="checkbox"/> Normal	<input type="checkbox"/> Coughing	<input type="checkbox"/> Bronchitis	
		<input type="checkbox"/> Asthma	<input type="checkbox"/> Apnoea	
Liver:	<input type="checkbox"/> Normal	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Cirrhosis of the liver	
Kidneys:	<input type="checkbox"/> Normal	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Kidney stones	<input type="checkbox"/> Insufficiency
		<input type="checkbox"/> Other	<input type="text" value=""/>	
Digestion:	<input type="checkbox"/> Normal	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Acid reflux	<input type="checkbox"/> Stomach ulcer
		<input type="checkbox"/> Other	<input type="text" value=""/>	
Metabolism:	<input type="checkbox"/> Normal	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Thyroid condition	
		<input type="checkbox"/> Other	<input type="text" value=""/>	
Neurological:	<input type="checkbox"/> Normal	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Paralysis
		<input type="checkbox"/> Muscle weakness	<input type="checkbox"/> Other	<input type="text" value=""/>
Psychological:	<input type="checkbox"/> Normal	<input type="checkbox"/> Sleep disorders	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety/Panic attacks
Musculoskeletal system:	<input type="checkbox"/> Normal	<input type="checkbox"/> Back pain	<input type="checkbox"/> Lumbago	<input type="checkbox"/> Herniated disc
		<input type="checkbox"/> Other	<input type="text" value=""/>	

Other illnesses or conditions not listed above:

<input type="text" value=""/>
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<input type="text" value=""/>
<input type="text" value=""/>
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3. WHAT TO DO BEFORE AND AFTER THE OPERATION

- Drinking:** Drinking of **clear liquids** (mineral water, tea, etc.) is always permitted up to **one hour before admission to the clinic.**
- Eating:** For safety reasons, a small, light, low-fat meal is permitted **no later than six hours before admission to the clinic.** If you are admitted on the evening before your surgery, you will be informed during the anaesthesiologist's visit of the rules for eating and drinking that apply in your case.
- Medications:** You should take all medications that you take regularly, up to and including the morning dose on the day you are admitted to the clinic (with a little water). Please bring your personal medications with you to the clinic. If you are taking aspirin or another anticoagulant or blood-thinning medication, please ask your surgeon if you will need to stop taking this prior to surgery or temporarily replace it with another medication. Follow these instructions strictly, otherwise certain operations and regional anaesthesia cannot be performed.
- Smoking:** In your own best interest, you should not smoke the night before your surgery or on the day of the operation.
- Alcohol:** Alcohol consumption must be reduced to the absolute minimum on the day before your surgery. During the night before your surgery and on the day of the operation itself, do not drink any alcohol.
- Illness:** Please inform us as early as possible if you have a cough, cold, flu or fever.
- Cosmetics/
Jewellery:** Please do not wear any jewellery or make-up (and no body lotions or creams). Nail polish on the nails of hands or feet that will be operated on must be removed.
- Discharge:** If you are being discharged home on the day of the operation, you may not drive a motor vehicle. Have someone pick you up.
In the first 24 hours after the anaesthetic, do not sign any documents and do not make any important decisions.
- At home:** Are you having problems with breathing, bleeding, fever or pain after your discharge? Or are you suffering from nausea and/or vomiting? If so, please inform your surgeon or the physician on duty immediately.
- Any questions:** If you have questions or need clarification, please call us in the afternoon.

WHAT TO DO BEFORE AND AFTER THE OPERATION

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Surname:

First name:

Location, date:

Signature: