



ANAESTHESIA EXPLANATION AND DECLARATION OF CONSENT

Dear patient,

The team at the Institute for Anaesthesia and Intensive Care Medicine will provide you with competent care before, during and after the planned operation. In the anaesthesia explanatory discussion you were informed about your individual anaesthesia procedure, and potential alternative procedures and risks will be discussed.

Planned operation _____

General risks related to anaesthesia

All the anaesthesia procedures involve the lowest-possible risk of life-threatening incidents such as respiratory or circulatory arrest or fever during anaesthesia (malignant hyperthermia). Allergic reactions or nerve damage at the injection site very rarely occur. Following anaesthesia, symptoms of nausea and vomiting, shivers, chills, rash, bruising, local infections, back pain or headache and difficulties passing urine may temporarily be present.

General anaesthesia

Specific risks: Hoarseness, neck pain, pressure sores and/or injuries to mucous membranes (especially after a laryngeal mask), issues swallowing, aspiration, vocal cord injuries, damage to teeth (especially teeth that are already damaged), waking up during the anaesthesia procedure (very rare). General anaesthesia may also be combined with spinal or peripheral regional anaesthesia.

Neuraxial anaesthesia (spinal/epidural anaesthesia)

Specific risks: Headache, pain at the injection site, temporary drop in blood pressure with nausea, urinary retention. Severe complications such as nerve damage with paralysis, emotional disorders or even paraplegia are extremely rare. If this proves insufficient, additional pain relief can be administered or a general anaesthetic started at any time.

Peripheral nerve blocks (numbing of individual nerves in the neck/shoulder/arm/chest wall/abdominal wall/leg); intravenous regional anaesthesia

Specific risks: Allergic reactions, seizures, nerve damage. Specific risks for punctures in the neck/shoulder or chest: Breathing difficulties, collapsed lung, hoarseness. If this proves insufficient, additional pain medication or a general anaesthetic can be administered.

Data protection

Your data will be stored electronically and processed in accordance with the statutory provisions. It may be disclosed for invoicing purposes under controlled conditions to third parties who are bound by the obligation of medical confidentiality.

I have been thoroughly informed and clarified about the planned anaesthesia procedure, its risks and potential alternative procedures. All my questions have been answered to my satisfaction. I hereby provide my consent to carry out the planned anaesthesia procedure and perioperative care and any necessary alterations.

During anaesthesia and/or the intervention, resuscitation may rarely be required. This will be carried out where necessary and beneficial.

I agree to the data regarding my perioperative anaesthesia care recorded as part of standard clinical practice being evaluated and published in an anonymised form for quality assurance and research purposes.

Aarau,

Patient/legal representative signature

Anaesthesiologist signature

Telephone anaesthesia consultation

Discussion duration: _____ min

Date: _____ / Time: _____

Sedation, twilight sleep

Specific risks: Reduced respiratory function, aspiration.

Anaesthesia standby

No specific risks.

Special measures and specific related risks:

- Arterial cannula: Bleeding, bruising, vascular occlusion, nerve damage
- Central venous catheter: Bleeding, bruising, infection, collapsed lung, air embolism, nerve damage
- Bladder catheter: Urge to urinate, infection, bleeding, later narrowing of the urethra
- Blood transfusion: Incompatibility reaction, infections, lung damage
- TEE probe: Issues swallowing, throat and oesophagus injury
- Intensive care unit: Mechanical ventilation, induced coma, prolonged stay
- Post-anaesthesia/intermediate care unit: monitoring vital function

Risk factors (patient- and intervention-specific):

Potential patient positioning issues:

Planned anaesthesia procedure:

- Fasting and intake of medication prior to anaesthesia have been discussed
- For outpatients (in the first 24 hours): Patient should be looked after by an adult. Patient must not drive a motor vehicle or operate machinery. Patient will be legally incompetent.