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INFORMATION ON ANAESTHESIA

HIRSLANDEN
PART OF THE MEDICLINIC GROUP

WELCOME TO THE HOSPITAL

DEAR PATIENT,

To make your surgery as smooth and pain-free as possible, anaesthesia is required. This information is to prepare you for your talk with the anaesthesiologist. The anaesthesiologist will inform you personally about the procedure for the anaesthesia and the advantages and disadvantages of the various techniques used. Depending on the planned surgery, they will choose the most suitable method of anaesthesia with you.

For legal reasons, we ask you to study this document carefully before your talk with your anaesthesiologist, to sign it in the space provided at the end of the anaesthesia questionnaire and to return it as soon as possible, duly completed, to the anaesthesia secretaries' office in the hospital where you are to be treated.

Anaesthesia, safety and side effects
The methods currently used in anaesthesia are very reliable. During the procedure, a venous line is inserted and all the vital functions of the body are continuously monitored: cardiac and circulatory activity, respiratory function, kidney function and brain function. Any dysfunctions are corrected immediately.

THE MAIN ANAESTHESIA TECHNIQUES USED

A. GENERAL ANAESTHESIA

During general anaesthesia, you are unconscious and the perception of pain is eliminated with the help of various types of medication. This state of 'artificial sleep' is maintained until the end of the procedure. In most cases, your breathing must be assisted by a machine (a respirator), which may require an intubation tube to be inserted into the windpipe or the use of a laryngeal mask (a device placed at the back of the oral cavity).

The main risks associated with this anaesthetic technique are:

Common:

- haematoma on insertion of the venous line
- temporary sore throat following intubation or use of laryngeal mask and minor injuries to the lips
- postoperative nausea and vomiting, estimated at 20–30 %

Rare:

- dental lesions, mainly during intubation or use of laryngeal mask; this is more likely if teeth are already damaged
- allergic reaction to a medication used during anaesthesia that may cause anaphylactic shock of varying degrees, from moderate to severe
- problems with memory or reduced ability to concentrate during the perioperative period, which disappears spontaneously
- damage to nerves, muscles or skin caused by spending a prolonged period in one position on the operating table. Such damage is temporary and reversible in practically all cases.

Very rare:

- damage to the vocal cords during intubation that may cause transient hoarseness of the voice or permanent dysphonia
- aspiration of the stomach contents into the lungs while falling asleep or during intubation, which may cause pneumonia of varying severity
- awakening and formation of memories during surgery, very rare with monitoring of brain activity

Other complications may arise, depending on your general state of health (use of tobacco, heart disease, obesity, diabetes, etc.). Your anaesthesiologist will give you more information during your consultation.

B. REGIONAL ANAESTHESIA

In many cases, it is possible to anaesthetise only the part of the body affected by the surgery. During this kind of anaesthesia, you can stay awake, listen to music (on your own portable device) or sleep with the aid of sedatives injected into a vein. If regional anaesthesia proves insufficient, it is always possible to add an analgesic (pain medication) during surgery or even to use general anaesthesia.

The main techniques of regional anaesthesia are:

1. Perimedullary anaesthesia
This technique involves the injection of a local anaesthetic into the cerebrospinal fluid where the nerve roots are bathed (spinal anaesthesia) or into the epidural space between the spinal canal and the envelope of the spinal cord (epidural anaesthesia). You will first feel warmth and/or tingling in the area to be numbed, then it will become completely insensitive and you will not be able to move the affected area during the time the anaesthetic is in effect (which might be a few hours, depending on the anaesthetic that has been injected).

The risks associated with this anaesthetic technique are:

Common:
- transient pains in the back or legs that are eliminated when the needle is repositioned
- temporary drop in blood pressure
- temporary nausea
- urinary retention, which may require the temporary insertion of a urinary catheter
- haematoma and pain at the puncture site

Rare:
- headache on perforation of the dura mater, which may require specific treatment
- seizures, hearing and vision disturbances, loss of consciousness due to direct medication toxicity
- nerve damage due to toxicity of the local anaesthesia or following puncture; this is temporary in the majority of cases

Very rare:
- perimedullary haematoma or direct nerve trauma that may cause transient nerve damage or permanent paraplegia and may require neurosurgical intervention
- allergic reactions which may lead to anaphylactic shock
- skin infection (abscess) or meningeal infection (meningitis)

2. Truncal anaesthesia

This involves putting a nerve or group of nerves to sleep with a local anaesthetic. For example, numbing the nerves that control the arm and hand at the level of the armpits (axillary block); this can also be done in other parts of the body (foot, shoulder, knee, etc.). The risks associated with this anaesthetic technique are:

Rare:
- cardiac arrhythmias, hearing and vision disturbances, seizures linked to the local anaesthetic being absorbed into the bloodstream too rapidly and therefore resulting in toxicity
- nerve damage, which may be either temporary or permanent (very rare) due to toxicity of the local anaesthetic product, trauma, haematoma or infection. The use of ultrasound to visualise the nerves that are to be numbed, along with the application of a neurostimulator (that induces small movements in the limb to be anaesthetised), allows the risks of nerve damage and the toxic effects of local anaesthetics to be minimised.

Truncal anaesthesia is induced slowly (over a period of around 30 minutes) and lasts for 12 to 24 hours. This ensures pain relief after the procedure.

There may be additional secondary effects and specific risks depending on the area to be anaesthetised:

During interscalene nerve blocks (at the level of the neck for surgery on the shoulders):
- drooping eyelid on the side affected by anaesthesia, hoarseness of the voice: resolves once the nerve block has worn off
- difficulty breathing (very rare)

During anaesthetic on the eye:
- eye abrasion, haematoma, reduction in or loss of vision either temporarily or permanently (very rare)

C. COMBINED ANAESTHESIA (GENERAL ANAESTHESIA COMBINED WITH EPIDURAL ANAESTHESIA)

In major surgical procedures (e.g. major digestive or urological surgery, or chest surgery) it is possible to combine general and epidural anaesthesia. The aim here is to optimise pain control after the procedure. The risks are the same as those described above for the two techniques.

RISKS IN CASE OF ADDITIONAL SPECIAL MEASURES

Additional risks may occur if particular measures need to be taken:

- **arterial cannulation:** risk of occlusion of the blood vessel or haemorrhage, haematoma
- **central venous catheterisation:** risk of infection, pneumothorax, haemorrhage, gas embolism, nerve damage
- **bladder catheterisation:** risk of infection, urethral narrowing or perforation
- **blood transfusion:** risk of incompatibility reaction, bacterial or viral infection
- **TOE probe:** difficulty swallowing, damage to the pharynx and/or oesophagus

TREATMENT OF POST-OPERATIVE PAIN

In order to treat post-operative pain, the anaesthesiologist has a wide choice of medication and techniques: regional anaesthesia or PCA (you administer the medication yourself as you see fit). The anaesthesiologist will choose them according to your needs and discuss the various alternatives available with you.

The ultimate goal is to eliminate post-operative pain as much as possible to maximise your comfort and mobilisation, while bearing in mind that this objective cannot be fully achieved under certain conditions.

FOR YOUR SAFETY

If you are operated on as an outpatient, you must be accompanied by an adult on your journey home. For the first 24 hours, you must not drive or sign any contracts.

You must fast for a minimum of **six hours** before your anaesthesia. This means refraining from eating, not even sweets or chewing gum, and not drinking anything containing particles such as milk or fruit juices. Clear drinks (without particles) such as **still water, teas, infusions, black coffee, as well as drinks permitted by the fast-track programme (if this programme relates to you)** are tolerated up to **three hours** before the operation. Contact lenses, dental prostheses, rings and other jewellery should be left in your room before surgery. It is advisable to remove any nail varnish. Semi-permanent or gel nail varnish may be left on, unless the surgeon specifically directs you to remove it for an operation on the hand or foot. Piercings must be removed.

Continue with your usual medication unless directed otherwise by medical staff:
If you take medication that thins the blood (for example: Aspirin®, Plavix®, Xarelto®, Eliquis® or Sintrom®), your attending doctor or specialist will give you instructions on whether to continue taking it or not. Which medication should be continued and which should be stopped on the day of the procedure will be made clear to you during your talk with your anaesthesiologist. If you take any homoeopathic medication, you may continue to take it as you usually do, or in accordance with your prescription if you have received one.

We would like to remind you that this information is to prepare you for your talk with the anaesthesiologist.
In order to clear up any doubts, we strongly recommend that you ask the anaesthesiologist all your questions.

If necessary, you can always contact the anaesthesiologist taking care of you or, outside opening hours, the anaesthesiologist on call.

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YOUR ANAESTHESIOLOGISTS

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YOUR QUESTIONS

EXPERTISE YOU CAN TRUST.

AS THE LARGEST MEDICAL NETWORK IN SWITZERLAND, OUR LEADING-EDGE FACILITIES INCLUDE SURGICAL CENTRES, RADIOLOGY, DIAGNOSTICS, EMERGENCY DEPARTMENTS, RADIOTHERAPY INSTITUTES AND INTEGRATED OUTPATIENT SURGERY UNITS.
DRIVEN BY OUR CORE VISION OF CLINICAL EXCELLENCE, WE PROVIDE PERSONALISED CARE TO ALL OF OUR PATIENTS.

OUR HOSPITALS AT A GLANCE

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