

ANAESTHESIA DISCUSSION AND DECLARATION OF CONSENT TO ANAESTHESIA

Dear patient,

Your anaesthetist will contact you for a personal anaesthesia discussion before your surgery.

During the anaesthesia discussion, the anaesthetist will consult with you to determine the optimum anaesthesia procedure for the planned surgery. Please write down any questions you may have so that we can discuss them during the consultation.

Please have this form ready for the consultation.

ANAESTHESIA DISCUSSION

PLEASE FILL OUT THIS PAGE WITH YOUR ANAESTHETIST DURING THE ANAESTHESIA DISCUSSION.

Every anaesthesia procedure involves risks, which we would like to bring to your attention. Please do not be alarmed when the anaesthetist lists the risks. Serious complications are extremely rare. Please tick the procedure that is planned for you during the anaesthesia discussion.

General risks related to anaesthesia

Allergic reactions, positional damage (nerves, skin), urinary retention, nausea, vomiting, itchiness, shivering, bruising, back pain, respiratory failure or circulatory arrest

General anaesthesia

Aspiration, swallowing difficulties, damage to the vocal cords (hoarseness, breathing difficulties), damage to the teeth, consciousness during the anaesthesia

Regional anaesthesia (local anaesthesia)

Local anaesthesia close to the spinal cord: headaches, drop in blood pressure with nausea, temporary difficulties with urination, ongoing signs of paralysis, deterioration of hearing and eyesight, nerve damage, bleeding, infections
Peripheral nerve blocks (deactivation of the pain perception of individual nerves or regions, e.g. shoulder, arm, leg): nerve damage, bleeding, infections. In cases of regional anaesthesia, it is possible that the sensation of pain is not adequately deactivated. However, a local anaesthesia can always be extended to a general anaesthesia.

Sedation

Reduction in perception, reduced respiratory function, loss of consciousness, aspiration

Specific risks of special procedures

- Arterial cannula: infection, vascular occlusion, bleeding
- Central venous catheter: infection, collapsed lung, bleeding, nerve damage
- Urine catheter: infection, injury, urge to urinate, subsequent narrowing of the urethra
- Blood transfusion: transmission of viral diseases (hepatitis, HIV), incompatibility reaction
- TEE: damage to the larynx/oesophagus, difficulty swallowing, damage to the teeth

Planned postoperative pain therapy

- Administration of pain relief medication
- PCA «pain pump»
- Epidural catheter
- Peripheral nerve blocks with catheter

PLEASE TAKE THIS FORM WITH YOU TO THE HOSPITAL WHEN YOU ARE ADMITTED.

DECLARATION OF CONSENT

I confirm that I

- have received and understood all the information on the planned anaesthesia that was provided in the anaesthesia discussion,
- have received sufficient information on the side effects and risks,
- was able to ask my anaesthesia-related questions during the anaesthesia discussion and have no further questions.

I accept that the anaesthesia procedure may deviate from the discussed form or be changed completely if it is necessary for my safety and well-being. In the event of injury to any person involved in the surgery caused by material or devices which are contaminated with blood, secretion or a similar material from my body, I consent to a blood sample being taken from me to allow the affected person to receive any necessary treatment as quickly as possible.

Data protection: Medical files that could be associated with my treatment may be requested by other doctors or doctor-led institutions. Examination and treatment outcomes or assessments may be sent to referring doctors or doctors providing subsequent treatment. Data associated with my treatment may be stored electronically and processed in accordance with the statutory requirements. While complying with the statutory requirements, the data may also be sent to third parties for the purpose of invoicing (settlement); these parties are also bound by medical confidentiality.

Date

Signature of patient or
legal representative

Signature of doctor