

PATIENT INFORMATION FOR OUTPATIENT INTERVENTIONS

Dear Patient,

You are scheduled to undergo an outpatient surgery in the near future. You will require local anesthesia with or without sedation, regional anesthesia or general anesthesia. This information sheet is intended to help you prepare for your anesthesia.

To ensure the safe administration of anesthesia and to select the best type for you, please read this sheet carefully, complete and sign the personal questionnaire and bring it with you on the day of the surgery. Your information will of course be kept completely confidential.

TYPES OF ANESTHESIA

Local anesthesia with standby support (LA standby)

Local anesthesia numbs the local nerves in the area being operated in, making the affected part of the body insensitive. You will remain fully awake. For safety reasons, local anesthesia is supplemented by standby anesthesia support and an intravenous line. If necessary, transition to sedation or general anesthesia is possible. **Risks:** nerve damage, allergic reaction, infection, bleeding.

Sedation

During sedation, consciousness and pain sensation are reduced while protective reflexes are maintained. You will be in a superficial, sleep-like state. Your memory of the event will be clouded. **Risks:** respiratory depression, aspiration of stomach contents into the airways, allergic reaction.

Regional anesthesia

Regional anesthesia makes the affected body part insensitive and pain-free by anesthetizing the nerve tracts. This includes spinal anesthesia (administered close to the spinal cord), conduction anesthesia administered to an individual arm (plexus anesthesia) or leg (including femoral block, adductor canal block and sciatic nerve block) and intravenous regional anesthesia (IVRA). If desired, this type of anesthesia can be supplemented with sedation or music. If regional anesthesia is unexpectedly incomplete, it can be supplemented with painkillers or general anesthesia. The duration of the effect is approximately 1.5 to 2 hours.

Risks: drop in blood pressure, headache, urinary retention, nerve damage, allergic reaction, infection, bleeding.

General anesthesia

General anesthesia completely eliminates consciousness and the sensation of pain throughout the body. It is a temporary, deep, sleep-like state that is induced by medication. Artificial respiration is required during this time. You will not feel or hear anything from your surroundings during the intervention.

Risks: throat discomfort and difficulty swallowing, hoarseness, tooth damage, aspiration of stomach contents into the airways, wakefulness during anesthesia, allergic reaction.

Selecting the type of anesthesia

During the pre-anesthesia interview, we will discuss the most suitable procedure for you and the planned approach. We will explain the advantages, disadvantages, alternative procedures and possible problems and complications. No intervention is without risk, but serious, life-threatening anesthetic incidents are extremely rare, even in cases of pre-existing medical conditions. Today, the safety of anesthesia is very high. All vital bodily functions, such as cardiac activity, circulatory function and respiratory function, are continuously monitored. As such, significant incidents and complications are very rare in all modern anesthesia procedures.

Behavior before and after the surgery

To avoid any unnecessary risk of anesthesia, you must be in good general health for an elective intervention. In particular, you should not show any signs of respiratory illness (cough, phlegm) in the week leading up to the surgery. Please inform us promptly of any changes in your health, such as colds or changes in the medication you take, while waiting for the surgery date.

PLEASE FOLLOW INSTRUCTIONS

Last food intake

To avoid aspiration incidents (inhaling stomach contents into the airways), do not consume solid foods or drinks containing milk within **6 hours** of your admission on the day of the surgery. Clear liquids, such as tea, syrup, coffee without milk, and water, are permitted up to **2 hours** before the intervention. **Do not eat or drink anything after this!** This rule applies to all types of anesthesia and must be strictly followed to ensure your safety.

Personal medication

The use of your own medication will be discussed in detail during the anesthesia talk. If you have any other questions that come up after the talk, please contact the anesthesiologist by phone (T +41 31 555 26 00).

Jewelry

Please remove all jewelry if possible and leave it at home. Piercings in the area being operated on or on the head or neck must be removed to avoid burns.

Nail polish

Please remove any nail polish from your hands or feet if those parts of your body are being operated on.

Discharge

You will be monitored in the recovery room for a short time after the intervention. You must be accompanied by an adult when you are discharged. By law, you are not deemed fit to drive or sign contracts after receiving anesthesia on the day of surgery. We recommend that you not spend the first night after surgery alone.

Problems after the surgery

Complaints that may occur after anesthesia but do not last long include hoarseness, difficulty swallowing, nausea or vomiting, coldness, shivering and difficulty urinating. There are effective treatment methods for post-operative pain that you will be informed about.

If there are any uncertainties or problems regarding the anesthesia after your discharge, you can reach your anesthesiologist until 5 pm at T +41 31 555 26 00.

If you have any questions about the upcoming anesthesia, please do not hesitate to contact us at an early stage. You can reach us at T +41 31 555 26 00 or via email: opera-bern@hirslanden.ch

DECLARATION OF CONSENT

I confirm that I have read this information and consent to the upcoming anesthesia.

I consent to the following form of anesthesia:

- Local anesthesia with standby support Sedation
 Regional anesthesia General anesthesia

I also consent to any possible alternative method as described in the information sheet.
I have no further questions in this regard.

LAST NAME: _____ FIRST NAME: _____

PLACE, DATE: _____ SIGNATURE: _____

SIGNATURE OF THE ANESTHESIOLOGIST

LAST NAME: _____ FIRST NAME: _____

PLACE, DATE: _____ SIGNATURE: _____