

# Anesthesia Information



Dear Patient

In the near future, a procedure with anesthesia care is planned for you. In a personal conversation — either over the phone or at the clinic — we will determine together the anesthesia procedure that is most suitable for you. Your personal wishes and needs will be taken into account, as well as your health conditions and the requirements of the operation. Nowadays, the safety of all anesthesia procedures and measures is exceptionally high. However, our interventions still carry a minimal residual risk. Below, we mention the most relevant complications that we will discuss in more detail during the informed consent discussion.

## Anesthesia Risks in General

Possible rare complications include: Allergic reactions, shivering, nausea and vomiting, itching, difficulties urinating, and positioning damage. Life-threatening incidents such as respiratory and/or cardiovascular arrest are extremely rare, as is anesthesia fever (malignant hyperthermia).

## General Anesthesia

General anesthesia consists of painlessness, unconsciousness, and relaxation (muscle relaxation to dampen reflexes). It usually requires artificial ventilation. Specific risks: Hoarseness, sore throat, pressure sores and/or injuries to the mucous membranes in the mouth or throat, difficulty swallowing, aspiration, vocal cord injuries, dental damage (especially to previously damaged teeth), blood pressure fluctuations. Being awake during anesthesia (awareness) is practically excluded since the routine monitoring of brain waves.

## Spinal and Epidural Anesthesia

In these procedures, pain relief is achieved by injecting a local anesthetic into the spinal canal (spinal anesthesia) or its vicinity (epidural anesthesia), blocking the transmission of pain sensation to the brain. Consciousness is usually retained, and if necessary, sedation (twilight sleep) can be administered. In rare cases, a switch to general anesthesia may be necessary. Specific risks: Headaches, drop in blood pressure, nausea, urine retention. Serious complications such as impairment of hearing or vision, nerve damage, paralysis, or loss of consciousness (syncope) are extremely rare.

## Peripheral Nerv Blocks / Intravenous Regional Anesthesia

In these procedures, pain relief is achieved by injecting a local anesthetic near a nerve (nerve block) or through a congested vein (intravenous regional anesthesia), blocking the transmission of pain sensation to the brain. Consciousness is usually retained, and if necessary, sedation (twilight sleep) can be administered. In rare cases, a switch to general anesthesia may be necessary. Possible complications: Vein irritation, bruising, nerve damage, respiratory depression, seizures. Especially in punctures in the neck region: Breathing difficulties, lung collapse, hoarseness (very rare).

## Sedation

Possible complications: Respiratory depression, memory gaps.  
In rare cases, a switch to general anesthesia may be necessary.

## Specific Risks of Special Procedures

- Arterial Cannulation: Bleeding, bruising, nerve damage, vascular occlusion
- Central Venous Catheter: Bleeding, bruising, nerve damage, lung collapse, infection
- Urine Catheter: Bleeding, urinary urgency, infection, injury/scarring/narrowing of the urethra
- Blood Transfusion: Infection, allergic reaction

I have read the above information in preparation for the personal conversation.

## Patient Information on the Handling of Personal Data

Please read the information sheet "Patient Information on the Handling of Patient Data" (enclosed/on the website).

I agree to the processing/disclosure of my data in accordance with Swiss Data Protection Law.

**Name, First Name** (in block letters)

**Date**

**Signature**

# Anesthesia Questionnaire Privatklinik Bethanien



Name, First Name

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Planned Operation: \_\_\_\_\_ Date: \_\_\_\_\_

Surgeon: \_\_\_\_\_

1 **General** Do you have difficulty climbing 2 flights of stairs w/o a break?  yes  no

**Do you suffer or have you suffered in the past from diseases of the following organ systems:**

2 **Circulatory** High/low blood pressure?  yes  no

3 **Heart** Angina pectoris, heart attack, arrhythmias, pace maker?  yes  no

4 **Lung/Respiration** Asthma, chronic bronchitis, sleep apnea?  yes  no

5 **Kidney/Bladder** Kidney/bladder stones, kidney dysfunction?  yes  no

6 **Liver** Hepatitis, cirrhosis of the liver?  yes  no

7 **Stomach** Stomach ulcer, heart burn?  yes  no

8 **Thyroid** Over-/underfunction, enlargement?  yes  no

9 **Metabolism** Gout, elevated cholesterol?  yes  no

10 **Diabetes** Diabetes, insulin therapy?  yes  no

11 **Skeleton** Spinal/joint problems?  yes  no

12 **Neurology** Epilepsy, Parkinson's, stroke, cerebral bleeding, delirium?  yes  no

13 **Psyche** Depression, anxiety disorder, schizophrenia?  yes  no

14 **Coagulation** Thrombosis, embolism, encreased bleeding after surgery?  yes  no

**Please also answer these questions:**

15 Has an ECG been done within the last 6 months?  yes  no

16 Has a chest X-ray been taken within the last 6 months?  yes  no

17 Do you smoke? If yes, how much? \_\_\_\_\_  no

Do you regularly consume alcohol? \_\_\_\_\_  no

Do you consume drugs? Which ones? \_\_\_\_\_  no

18 Have you or your blood relatives ever experienced an anesthesia incident?  yes  no

19 Previous surgeries and anesthesia procedures: \_\_\_\_\_

20 What medications do you regularly take (including blood thinners)? \_\_\_\_\_

21 Could a pregnancy exist?  yes  no

22 Allergy to medications: \_\_\_\_\_  no

Other allergies (e.g. iodine, latex, pollen, patches, food): \_\_\_\_\_  no

23 Do you wear removable dentures?  yes  no

Name and address of your family doctor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For any questions the anesthesia team is available at **+41 (0)43 268 74 70**.

**Please print, fill out and sign, then email to: [alphacare@hin.ch](mailto:alphacare@hin.ch)**

Bitte nicht ausfüllen
Datum/Visum
<input type="checkbox"/> keine Abklärungen
<input type="checkbox"/> Bericht HA/Labor/EKG
<input type="checkbox"/> Bericht Spezialarzt