

INFORMATION REGARDING ANESTHESIA

Please read the important information below regarding the anesthesia you will be given as part of your surgery to help you better prepare for your upcoming procedure. Please also fill out the questionnaire and sign the Consent Form authorizing us to administer the required anesthesia and to perform the surgery.

Two to three weeks prior to your surgery, you should go see your anesthesiologist who will give you additional detailed information and answer any questions you might have. The anesthesiologist will examine you and take your medical history (i.e., previous illnesses, surgeries, medical treatments, regular medications, allergies, etc.) for which you should bring all your previous medical records. Any additional tests or treatments required will be ordered at this time.

The physical examinations and test results will provide information regarding your current health condition essential in assessing the risk of surgery and choosing the best anesthesia method for you. You may be prescribed medication to be taken prior to the procedure and, possibly, asked to stop taking your regular medication(s).

WHAT TYPES OF ANESTHESIA ARE AVAILABLE?

Basically, there are three types of anesthesia:

1. Supervised sedation
2. Regional anesthesia
3. General anesthesia

In supervised sedation and regional anesthesia the patient is relaxed, with an entire area numb, with no feeling of pain. Under general anesthesia the patient is in a deep sleep, unconscious.

1. SUPERVISED SEDATION

Supervised sedation is usually used in shorter and simpler surgical procedures. Tranquilizers and pain medications are given intravenously. The surgical site is usually desensitized with a local anesthetic.

2. REGIONAL ANESTHESIA

Regional anesthesia is used to numb a portion of the patient's body while the patient remains alert. A narcotic may also be added.

There are three types of regional anesthesia:

Spinal anesthesia (Fig.1): after the skin of the lumbar area has been washed down with a sterilizing solution and the injection site desensitized, a local anesthetic is injected into the fluid surrounding the spinal nerves, numbing the nerves it contacts and blocking sensation and pain. The spinal anesthetic is used for desensitizing the parts of the body from the waist down.

Epidural anesthesia: the local anesthesia is injected into the epidural space surrounding the spine either as a one-time injection or through a catheter. The catheter makes it possible to give repeated doses to provide numbness throughout the surgery. With the placement of a canula, the pain may continue to be blocked throughout the postoperative period. In some cases, a combination of a narcotic and anesthetic is used.

Nerve block: a nerve block is an anesthetic or anti-inflammatory injection targeted toward a certain nerve or group of nerves to block pain. It may be given into the arm, the leg or the neck onto or near a nerve for the temporary relief of pain.



Fig. 1: Spinal anesthesia

3. WHAT IS GENERAL ANESTHESIA AND HOW IS IT GIVEN?

General anesthesia (Fig.3) causes loss of feeling and sensation. The body is in a state of controlled sleep. It is usually achieved through an intravenous injection. In longer procedures, the anesthesia is either continuously administered intravenously or inhalation vapors may also be administered. In all cases, whether the breathing is spontaneous or through artificial respiration, the anesthesiologist keeps the oxygen level in the blood stream at the proper level through oxygenation as follows: (Fig.2)

- through an oxygen mask placed over the nose and mouth,

- through intratracheal intubation,
- through a laryngeal mask (LMA).

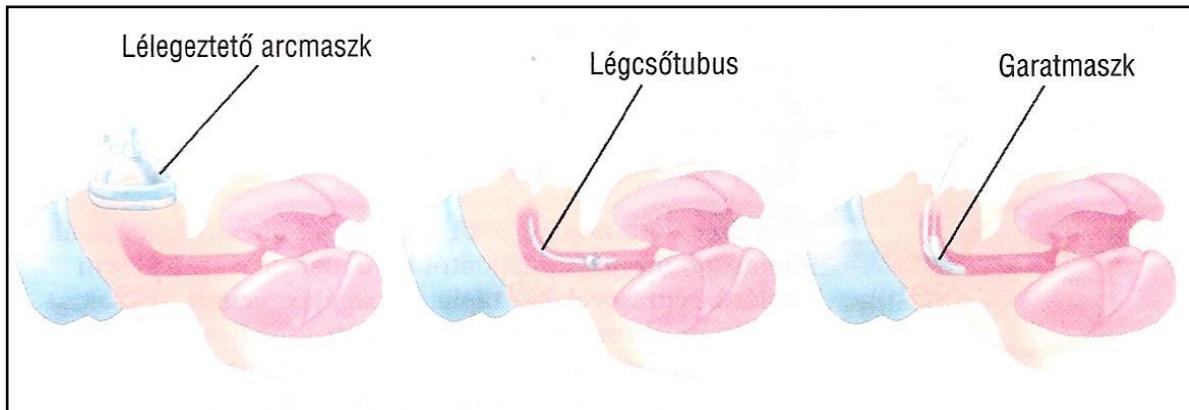


Fig. 2: Oxygenation methods

The oxygen mask is put in place while the patient is still awake while the others are only inserted after the anesthesia has taken effect.

Intubation makes oxygenation easier and prevents aspiration of the stomach contents. Relaxants may also be administered to help intubation and oxygenation, ameliorate the circumstances under which the surgical exposure is performed and reduce the amount of anesthetic used.



Fig. 3: General anesthesia

3. WHAT ARE THE POSSIBLE SIDE EFFECTS AND COMPLICATIONS OF ANESTHESIA?

The anesthesiologist constantly monitors the body functions in order to prevent complications.

1. Extremely rare life-threatening side effects and complications:

- Cardiovascular insufficiency (in cases of existing serious heart disease).
- Respiratory insufficiency following surgery.
- Embolism due to thrombosis.
- Serious over sensitivity, allergic reaction.

Even in the elderly and patients in bad health, or those with other serious diseases, the complications due to anesthesia occur only in 1 in 10,000 cases making the risk very low.

(Unwanted side effects occur even with sleeping pills and other medications due to oversensitivity or previous illnesses.)

2. Very rare life-threatening side effects and complications:

- Hematoma (at the point of injection)
- Bleeding
- Infection
- Nerve damage

4. WHAT SPECIAL COMPLICATIONS FOLLOW ANESTHESIA?

1. Very rare complications:

- Extreme rise in temperature, the result of genetic muscle function disorder (malignant hyperthermia).
- Permanent hoarseness.
- Vocal chord damage due to shortness of breath.

2. Rare complications:

- Vomiting - a life-threatening complication, if aspirated.
- Spasmodic closure of respiratory tract.

3. Possible complications:

- Temporary difficulty in swallowing, hoarseness.
- Damage to or loss of teeth, especially in the case of loose and injured teeth.

- Paralysis of the arms or legs resulting from positioning during surgery. This usually corrects itself within a few months.

In the event of complications, the necessary treatment and care will be provided.

In some cases, supplementary procedures, such as blood transfusions, central vein canula and artificial lowering of blood pressure that do not closely relate to anesthesia are, nonetheless, performed by the anesthesiologist. These are essential, not only for the surgery's success, but also for the patient's safety.

5. WHAT CAN YOU DO TO ENSURE SAFE ANESTHESIA?

(Unless otherwise indicated by your doctor)

- Do not eat 6 hours prior to surgery - not even candy, chocolate or chewing gum!
- Do not smoke!
- Do not drink!
- Take your regular medications that were approved by the anesthesiologist.
- Take all the medication, your regular and that given in preparation to your surgery, with no more than 1 dl (3 oz) of water.

Important! If during this period, you did inadvertently consume a larger amount of food or drink, please let the anesthesiologist know!

- Remove dentures and contact lenses, if applicable.
- Jewelry and watches are not permitted in the operating room.
- Remove all nail polish, face cream and body lotion.
- If you have a hearing aid, please bring it with you.
- If you use eye drops regularly, apply before you are taken into surgery.

QUESTIONNAIRE

Name.....

Date of Birth:.....

Height.....

Weight:

1. **Are you currently, or have recently been, under a doctor's care?** Yes No

If yes, explain.....

2. **Are you currently taking, or have recently taken, medication regularly?** Yes No

If yes, please list.....

3. **Have you undergone surgery previously?** Yes No

If yes, please explain

4. **Have you or a relative had complications following surgical anesthesia?** Yes No

5. **Have you had a blood transfusion in the past?** Yes No

Were there complications? Yes No

6. **Could you be pregnant?** Yes No

7. **Do you currently have, or had in the past, any of the following?**

• Cardiovascular system: arrhythmia, coronary heart disease, heart attack, high blood pressure, valve defect Yes No

Other:

• Vascular system: varicose veins, thrombosis, embolism, arteriosclerosis Yes No

Other:

• Respiratory system: chronic bronchitis, asthma, pneumonia, TBC, emphysema Yes No

Other:

• Liver: jaundice, hepatitis, cirrhosis, gall stones

Other:	Yes	No
• Kidneys: nephritis, kidney stones, urinary tract infection	Yes	No
Other:		
• Digestive system: ulcer, hyperacidity, bloody or black stool, pancreatitis	Yes	No
Other:		
• Metabolism: diabetes, high cholesterol or blood fat levels, gout	Yes	No
Other:		
• Thyroid: hypo- or hyperthyroidism, goiter	Yes	No
Other:		
• Musculoskeletal system: joint disease, spinal disorders, muscular atrophy	Yes	No
Other:		
• Any of your blood relatives suffer from joint disease?	Yes	No
• Nervous system: epilepsy, stroke, transient ischemic attack, paralysis, depression, panic disease	Yes	No
Other:		
• Sensory organs: glaucoma, hard of hearing	Yes	No
Other:		
• Blood coagulation: hemophilia, frequent nose bleeds, thrombosis	Yes	No
Other:		
• Allergy, Hypersensitivity: drugs, food, iodine, adhesive tape	Yes	No
Other:		
8. Are you suffering, or have suffered, from any disease not mentioned above?	Yes	No
If yes, please specify:		

9. **Dental: loose tooth, removable dentures** Yes No

If yes, please specify:

10. **Do you smoke?** Yes No

11. **Do you drink alcohol? (Please underline)**

Do not drink Seldom Regularly Quantity: Small Large

Your preference: Beer Wine Liquor

12. **Do you regularly use sleeping pills, tranquilizers?** Yes No

If yes, specify:

13. **Do you currently use, or have used in the past, narcotic drugs?** Yes No

If yes, specify:

14. **Are you aware of any illness or condition you might have that might put the health and/or security of the caregivers at risk?** Yes No

If yes, specify:

15. **Do you use any of the following health aids? (Please underline)** Yes No

Eyeglasses Contact lenses Hearing aids Protheses

Other:.....

CONSENT TO SURGICAL ANESTHESIA AND INTENSIVE CARE

- I, the undersigned, having read the informational material given to me and consulted with the anesthesiologist,, MD, do, hereby, consent to the administration of anesthesia and to intensive care, should it be required.
- I have been informed, verbally and in writing, regarding the anesthesia method to be used, the possible complications and side effects.
- I understand that, for the first 24 hours following surgery, I will not be able to go out on my own or drink alcohol and that any sleeping pills, tranquilizers or pain medication I wish to take, I may do so only upon doctor's orders.
- I accept any changes that may need to be made due to unforeseen circumstances.
- I agree to all the preparatory as well as additional examinations recommended by the anesthesiologist.
- I was given satisfactory answers to all my questions.
- I have no more questions regarding anesthesia or intensive care.
- I understand and accept that, at times, the date of surgery must be postponed.

Comments:

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Budapest,

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Patient or Legal Guardian

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Anesthesiologist

Witness: *(Name, Address)*

Witness: *(Name, Address)*

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