

Information about anaesthesia

Pre anaesthesia Questionnaire

Surname	First name
Date of birth	ID
Type of intervention	

Many investigations and interventions can be performed under anaesthesia to eliminate the pain and discomfort, control the stress of intervention and ensure the stability of body functions. Sedation and general anaesthesia are given by specialised anaesthesiologist. Local anaesthesia is given by the same physician who performs the intervention. To eliminate pain, we can utilise several methods:

A. SEDATION OR ANAESTHESIA (general anaesthesia)

Patient enters into a controlled state of consciousness reduction, resembling with the sleep.

Before having the anaesthesia, the patient will have inserted an intravenous (iv) line in the forearm to introduce anaesthetic medication, fluids and other treatments if necessary, after intervention. Medication that induces sleep and removes pain are given right before the intervention, in small dosages, and have short duration effect. Oxygen through a facial mask may be also utilised.

The falling asleep is very quickly and the awakening takes place immediately after the intervention is finished, in the operating room.

Vital functions are permanently monitored by the anaesthesiologist up to recovery.

B. LOCAL ANAESTHESIA

Local anaesthesia means injecting or applying a local anaesthetic on the site of intervention, to eliminate pain. The patient maintains his vigilance and perceives the manipulation in the area. The effect of numbness disappears in 20-30 minutes.

We can associate to local anaesthesia a mild iv sedation, to reduce stress, without inducing the sleep.

PRE ANAESTHESIA EVALUATION

Before the intervention, the anaesthesiologist will examine the medical record and the patient tests and questionnaire. On the day of intervention, he will additionally make a physical examination of the patient, ask about risk factors and calculate an anaesthetic risk score. In high risk patients, the anaesthesiologist may ask for additional investigations or may cancel the general anaesthesia and utilise other type of anaesthesia, or may recommend cancelling the intervention as well.

The patient may request a second opinion but, once agreeing to anaesthesia he must comply with recommendations, in the interest of his own safety.

POST ANAESTHESIA PERIOD

Most patients have no symptoms when recovering after anaesthesia or experience mild nausea, vomiting, dizziness, sleepiness.

Immediately after awaking in the operating room, you will be further monitored in the adjoining recovery room for several minutes, before going to your private room and then home.

The anaesthesiologist will recommend when to resume eating and drinking.

Do not smoke, drink alcohol, drive, take important decisions or sign documents within 24 hours after general anaesthesia.

Do not leave the clinic unattended and do not stay alone at home during the first several hours after general anaesthesia.

RISKS

There is no medical intervention without risks!

Risks depend on the nature of intervention, coexistence of medical conditions, lifestyle, age, particular reactions to medication.

Not complying to recommendations related to eating or smoking may increase the risk for digestive or respiratory complications.

Severe life threatening anaesthetic incidents, such as cardiac arrest, are very rare. Combining different medications and complex monitoring allow an efficient control of vital functions.

Common risks of anaesthesia are transitory reactions to medication (nausea, vomiting, salivation, dizziness, blurred vision, itching, chill, confusion, headache, pain at the site injection, phlebitis - inflammation of the injecting vein).

Rarely, respiratory distress, prolonged sleepiness, amnesia, blood pressure instability or haematoma at the injection site may occur.

Very rarely, severe allergic reactions may be fatal, despite prompt and adequate treatment. It is extremely important to inform the doctor of all allergies of any nature you are aware of.

Nerves lesions, aspiration of stomach contents in the lungs, severe respiratory distress or impossibility of intubation/ventilation are extremely rare complications, but they might threaten the life. The doctor may take special therapeutic measures in these cases, unplanned before.

If intubation is needed (introducing a tube in the throat to control respiration), pain or lesions of the throat may occur.

Anaesthesia may alter reflexes and cognitive function. Driving or taking important decisions after anaesthesia is not permitted.

PLEASE FOLLOW THE INSTRUCTIONS BELOW BEFORE ANAESTHESIA:

For your own safety, do not eat and do not smoke at least 6 hours before and do not drink at least 2 hours before the intervention.

Inform the doctor if you experience abnormal symptoms on the day of intervention or if you have eaten, drunk or taken medication.

Wash your body and genital area before the intervention, to reduce the risk of infections with germs from your skin.

Remove contact lens, dentures, glasses, jewellery before the intervention. Do not use makeup, body lotions and nail polish.

Ask your doctor about medication you are allowed to take before and after anaesthesia.

The answers to following questions are important to reduce risks. If necessary, provide additional information.

Have you ever underwent surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	When and why?
Have you ever been under anaesthesia?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Particular reactions:
Anaesthetic incidents in your family:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Hereditary or chronic diseases in your family:
Allergies: food/environment/latex	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you take antiallergic treatment?
Medication allergies and symptoms:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Rash <input type="checkbox"/> Swelling <input type="checkbox"/> Respiratory distress at	
Have you ever had an asthma crisis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many crisis per month?
Do you smoke?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you cough or expectorate? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you get tired easily?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have sleep apnea or do you snore? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had high blood pressure?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had chest pain or angina? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had a heart attack?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had palpitations or heart arrhythmia? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a cardiac device?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever been consulted by a cardiologist? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had meningitis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had an epileptic seizure? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had tetany or muscle spasm?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had depression or neurologic symptoms? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had a cranial injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had syncopes, loss of conscience/memory? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had sciatica/lower back pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had glaucoma or eye interventions? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have ulcer, gastritis, hepatitis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever had renal or urinary problems? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you take aspirin or anticoagulants?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Have you had phlebitis, thrombosis, pulmonary embolism? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had a blood transfusion?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you excessively bleed after common injuries? <input type="checkbox"/> No <input type="checkbox"/> Yes

Please mention all medication you are currently taking and corresponding dosages, including contraceptives and herbal therapies:

Other medical conditions, hospital admittance, family history or particularities you consider relevant:

I declare that I have understood the information provided above and that I have provided truthful and complete information.

Date and time

Patient signature:

Please attach medical reports (test results, investigation reports, consultations, treatments)

This section is to be filled by the patient on the day of intervention:

Last menstrual period:	Time of last eating and drinking, respectively:
Alcohol/Recreational substances <input type="checkbox"/> No <input type="checkbox"/> Yes	Smoking <input type="checkbox"/> No <input type="checkbox"/> Yes, last time on: (date and time)
Medication/herbal products during last days:	
Do you wear: <input type="checkbox"/> Denture/mobile teeth	<input type="checkbox"/> Contact lens
Symptoms during last days:	

Your personal data is processed by the Gynera Medical Clinic, according to the registration with the National Supervisory Authority for Personal Data Processing no. 19963, for the sole purpose of providing medical services. You may exercise the right of access, intervention, erasure and portability under the conditions provided by Romanian Law 677/2001 and European Regulation GDPR 679/2016, by a written and dated request sent to the Gynera Medical Clinic. Details on www.gynera.ro