

Informed consent

Dear Patient, Dear Parents,

You, or your child, will soon undergo a surgical operation at the Clinique Générale-Beaulieu and you will have already met the doctor who will perform your operation. However, you may perhaps have not yet met the doctor who will take care of your anaesthesia.

The anaesthetist is a (FMH) medical specialist who not only ensures that the patient is insensible to pain (anaesthesia) but also monitors and controls the vital functions such as breathing, circulation, metabolism, kidney function and keeps them within the appropriate limits before, during and after the operation.

The anaesthetist will be with you continuously throughout all the operation. During your time in the recovery room, he/she will prescribe analgesic drugs (to counter the pain) and will ensure your comfort.

Anaesthetists working at the Clinique Générale-Beaulieu are independent doctors who are authorised to practise their medical activity and to treat patients in their own name and under their own personal responsibility within the clinic.

So that your operation (or that of your child) proceeds as smoothly as possible and without pain, an anaesthetic is necessary.

The anaesthetist will inform you personally about the procedure as well as the advantages and disadvantages of the different techniques used. He/she will choose with you the most suitable method of anaesthesia in your case taking into account the surgical requirements.

In every case, one or several drips are put in place before the start of the anaesthesia. You will also be given a drug to counter anxiety, if you wish.

General anaesthesia

During general anaesthesia, the perception of the pain is neutralised using different drugs and the patient is unconscious. This state of "artificial sleep" is maintained until the end of the operation. In the majority of cases, the breathing must be assisted by medical devices temporarily placed in your mouth and your airways.

Locoregional anaesthesia

In many cases, it is possible to anaesthetize only the part of the body involved in the operation. During such an operation, the patient can remain awake, listening to music (using headphones) or doze if sedation is used. If the locoregional anaesthesia is insufficient, it is always possible to add an analgesic (a drug to counter the pain) during the operation, or even to use a general anaesthesia.

The main techniques of locoregional anaesthesia are:

- **The perimedullar anaesthesia:** a local anaesthetic is injected between two vertebrae using a needle (which is then withdrawn) in the cerebrospinal fluid (spinal anaesthesia) or in the epidural space (situated between the spinal canal and the envelope of the spinal cord). In this case a narrow plastic tube (catheter) is left in place (epidural anaesthesia). The patient first feels a warm feeling in the area anaesthetised, becoming completely insensitive and hardly able to move the lower body and the legs during the action time of the anaesthesia.

- **The truncal and plexus anaesthesia:** this involves anaesthetising a nerve or a group of nerves using a local anaesthetic. For example, one might anaesthetize the nerves which control the arm and the hand at armpit level (axillary block). To localise these nerves a neurostimulator (and echography) is used which temporarily induces involuntary muscle contractions.
- **The combined anaesthesia (general anaesthesia associated with locoregional anaesthesia):** during major surgery or certain operations performed on children, the two methods are often combined in order to reduce the pain after the operation.

Anaesthesia, safety and side effects

The methods used currently in anaesthesia are reliable and the risk of complications that could put the patient's life in danger, even in the most serious cases, remains extremely low. During the operation, all the vital functions of the body are monitored (heart, blood pressure, breathing). Any possible dysfunctions are corrected. Temporary or permanent damage caused by anaesthesia is at present very rare. The risk of tooth damage during a general anaesthesia and the risk of nerve damage during a locoregional anaesthesia should however be mentioned.

The cases of prolonged paralysis or altered sensitivity are extremely rare. Other superimposed risks must be considered if special measures have to be taken (for example the installation of a central venous line, arterial catheter, transfusion of blood products, urinary catheter, gastric tube).

Depending on your state of health or on the type of surgery, adverse effects are sometimes felt after the operation, but quickly disappear, such as: hoarseness of voice, swallowing difficulties, nausea and vomiting, problems with urination as well as allergic reactions to the substances administered (rare). To treat the postoperative pain, the anaesthetist has a wide choice of drugs and techniques available. He/she administers them according to the needs of the patient.

For your safety

The patient must remain fasting (without drinking or eating) a certain time both before and after the anaesthesia. It is necessary to follow the instructions given by the anaesthetist. On the day of the operation, the patient only takes his/her drugs as ordered by the anaesthetist. Contact lenses, dentures, rings and jewellery are to be left in the room before the operation (a safe is available).

General comments

The purpose of this information which includes, among others, the most common complications, is to prepare you for your consultation with the anaesthetist. So as to dispel any doubts, we urge you to ask him/her all your questions and to write them at the end of this questionnaire. If you have other questions, either before or after the operation, please do not hesitate to send them to our office or, if need be, make contact with the anaesthetist on call (present at the clinic 24h/24, 7d/7).