

INFORMATION AND CONSENT FORM FOR ANESTHESIA

INFORMATION ON ANESTHETIC TECHNIQUES

WHAT IS ANESTHESIA

In order to undergo surgery, the patient must necessarily undergo an anaesthesia which is necessary to remove the pain and to protect the body from surgical aggression. The safety of modern anaesthesia derives from pharmacological and technological progress and from the training of the anaesthesiologist.

The anaesthetist is a specialist doctor who is entrusted with the task of choosing the most appropriate type of anaesthesia for the patient and the surgery. The anaesthetist checks the patient's vital functions before, during and after surgery and plans the treatment of post-operative pain.

MAIN ANESTHETIC TECHNIQUES

The main anaesthetic techniques, their methods of execution and the main risks are illustrated below.

There are essentially two types of anaesthesia: **general anaesthesia** by which the whole body is anesthetized and **loco-regional anaesthesia** by which only a part or an entire region of the body is anesthetized.

After examining your state of health and the type of surgery, the anaesthetist will advise you on the type of anaesthesia that will give you the **greatest benefits** and **least risks**.

The anaesthetist reserves the right to modify the agreed technique during the intervention: if the situation requires it to protect your health and the successful outcome of the treatment.

SEDATION

It is intended to provide a state of relaxation, amnesia and/or pain control during a diagnostic or surgical procedure.

It involves the administration - generally intravenously - of sedative and hypnotic drugs which can induce a partial or complete abolition of consciousness. It is distinguished in moderate or deep sedation.

Sedation can be associated with the administration of drugs to reduce pain or loco-regional anaesthesia.

Complications include:

- Nausea, vomiting, remembrance of the event
- Respiratory depression, ab ingestis pneumonia
- Allergic reactions

GENERAL ANESTHESIA

General anaesthesia is obtained by intravenous and/or inhaled drugs and produces a total abolition of the state of consciousness, the absence of pain and complete muscle relaxation.

During anaesthesia, breathing will be ensured by a mechanical ventilator connected to a mask or a small tube placed in the trachea.

Other tools monitor blood pressure, heart rate and oxygenation status and other vital signs. At the end of the operation, once awakened and muscle strength has been recovered, the patient will resume breathing on his/her own and the tracheal tube will be removed. Surveillance by anaesthesia personnel will continue in the recovery room. Once stabilized, the patient will be transferred to the hospitalization ward or to the intensive care unit if the operation was particularly invasive or complicated.

Complications include:

- Nausea and vomit
- Headache, dizziness and/or blurred vision
- Cardiocirculatory complications (e.g., cardiac arrhythmias, drop in blood pressure, pulmonary oedema, heart attack, stroke, venous thrombosis in the lower limbs)
- Complications related to tracheal intubation and the use of mechanical ventilation (sore throat and/or dry mouth, difficulty speaking, bronchospasm, upper airway trauma, ab ingestis pneumonia). In relation to the physical conformation of the patient, during

intubation it is frequent to lean with the blade of the laryngoscope on the upper dental arch; in the presence of teeth in a poor state of conservation, damage to the upper incisors can be caused, even up to avulsion in the presence of periodontal disease (the so-called pyorrhoea)

- Neurological complications (peripheral nerve injury or, rarely, brain damage as a result of severely low blood pressure or lack of oxygen)
- Metabolic complications
- Allergic reactions
- Malignant hyperthermia
- Cardiovascular arrest

The incidence of the most serious complications related to anaesthesia alone varies between 1.5 and 5 per 100,000 anaesthesias. The incidence of complications can be increased by concomitant diseases and the type of surgery.

Even if performed correctly, general anaesthesia and sedation can determine the perception of sounds, voices or favour the appearance of dreams (0.2-0.4%).

LOCAL ANESTHESIA

Infiltration with local anaesthetic all around the area to be operated on.

Complications are very rare and include a state of anxiety, agitation, general malaise, fainting.

TRUNCULAR OR PLEXIC ANESTHESIA

It consists in the administration of local anaesthetic drugs around a trunk or a nerve plexus. It allows, for example, to obtain anaesthesia of an entire limb.

Complications include:

- Hematoma and pain in the infiltration area
- Nerve injuries (very rare, 1.9 cases out of 10,000)
- Changes, often transient, in the sensitivity of the affected area
- Infections
- Vascular lesions
- Allergic reactions
- Cardiovascular arrest

SUBARACHNOID OR SPINAL ANESTHESIA

It is accomplished by inserting a very fine needle between the vertebrae and injecting local anaesthetic into the cerebrospinal fluid and involves the loss of sensitivity with temporary paralysis of the lower limbs for about 4-8 hours. During the surgery, the sensation of being touched or pulled may remain but without the perception of pain.

This type of anaesthesia can be used in surgery of the pelvis, lower abdomen, lower limbs.

Complications include:

- Headache (3.9%)
- Pain at the injection site
- Nausea (18%)
- Vomiting, drop in blood pressure (33%)
- Changes in heart rate (13%)
- Peripheral nerve injury (transient or permanent)
- Convulsions
- Infections (at the injection site, meningitis)
- Allergic reactions
- Cardiovascular arrest.

The most serious complication is epidural hematoma which has a frequency of 1 case in 100-150,000 epidural anaesthesias and requires removal by means of neurosurgery.

PERIDURAL OR EPIDURAL ANESTHESIA

This technique introduces a needle between the vertebrae and allows the positioning of a thin catheter for the continuous infusion of analgesics for postoperative pain control in the days following the surgery.

Epidural anaesthesia is used alone or in association with general anaesthesia.

Complications are the same as with spinal anaesthesia.

There may also be temporary paralysis of the affected parts of the body (1.6-2 cases every 10,000 anaesthesias).

The most serious complication is epidural hematoma which has a frequency of 1 case in 100-150,000 epidural anaesthetics and requires removal by means of neurosurgical intervention.

PATIENT PREPARATION BEFORE SURGERY

- Bring all available medical documentation to the hospital.
- If significant changes in the state of health have arisen (fever, cough, catarrh, intestinal disorders, etc.) between the date of the visit and hospitalization, report to the anaesthetist.
- Do not eat food or drink as indicated in the information leaflet delivered at the time of the anaesthesiological visit
- Continue any therapies in progress as agreed during the anaesthesiological visit.
- Stop taking herbs or natural products at least 2 weeks before surgery to prevent unwanted effects. Tell your anaesthetist that you are taking any herbal products, dietary supplements, minerals and infusions.
- Remove lipstick and nail polish: deliver dental prosthesis, contact lenses, bracelets, rings and other precious objects to a companion or to the healthcare staff. Any use of glasses and hearing aids must be agreed with the anaesthesiologist.

AFTER THE SURGERY

Each patient will be kept in a suitable area for an observation period.

Once the need for closer supervision by qualified personnel has been finished, the patient will be transferred to the hospitalization ward (or to the Intensive Care Unit, if necessary).

IN CASE OF DISCHARGE IN THE SAME DAY (DAY SURGERY OR OUTPATIENT CLINIC):

- It is essential to have an adult and responsible companion who can ensure home surveillance for at least 24 hours.
- It is absolutely forbidden to drive motor vehicles,
- It is necessary to live within a distance of maximum one hour away from a hospital,
- In the first 24 hours, it is essential to refrain from complex and dangerous activities or activities that require attention, such as driving vehicles. Furthermore, no important or legally binding decisions must be made.
- It is possible to drink clear liquids and consume a light meal, according to the medical prescription. The consumption of alcoholic beverages is absolutely forbidden.
- The anaesthesiologist will explain how to continue the therapies in progress and how to cope with the pain. If complications such as uncontrollable pain, nausea and vomiting should occur, contact the Anaesthesia and Intensive Care Department.