

Dear Patient, Dear Parent,

This document is intended to serve as preparation for our consultation. Please read the information carefully and answer the enclosed questionnaire before our appointment.

The Administration of Anesthesia

In general, a venous access, usually on the back of the hand or arm, is established before the start of anaesthesia (**indwelling cannula**). For smaller children, it is possible to induce anaesthesia via a face mask with anaesthetic gas and only insert the indwelling cannula when the child is asleep (so-called mask induction). Necessary medications such as anesthetics and pain relievers are administered via this access. We continuously monitor vital functions (especially heart, breathing, and circulation) throughout the entire procedure. To eliminate the perception of pain and consciousness, a fast-acting anaesthetic is administered via the indwelling cannula at the beginning.

The maintenance of anaesthesia is achieved either by the continued administration of anesthetics and pain relievers via the vein (intravenous anaesthesia), the supply of anaesthetic gases through the inhaled air (inhalation anaesthesia), or a combination of both methods.

For optimal supply of oxygen (and possibly anaesthetic gases) during the procedure, either a face mask is placed over the mouth and nose or, after you have fallen asleep, a breathing tube (**endotracheal tube**) is inserted into the windpipe through the mouth, or in rare cases, through the nose (**intubation anaesthesia**). In most cases, however, a **laryngeal mask** is used. These aids ensure safe breathing and the possibility of artificial ventilation.

Regional Anesthesia

In regional anaesthesia, the anaesthetist injects a local anaesthetic near the pain-conducting nerves. This usually blocks the transmission of pain signals from the surgical area to the brain for several hours.

Possible Risks and Complications of Anesthesia

Despite the utmost care, complications can occur. In individual cases, these can also be life-threatening and may necessitate further medical measures or surgical interventions. The risks are different for every patient and depend on many factors (e.g., existing pre-existing and concomitant diseases). The probability of a severe complication in Germany is very low. The careful and honest answering of the questions in this form is the basis for conducting a safe anesthesia.

Injuries to vessels and nerves: The use of injection needles, cannulas, and catheters can cause injuries, which may lead to temporary or, rarely, permanent complaints. These include, for example, bruises (hematomas), severe bleeding, pain, sensory disturbances, numbness, or limited mobility. Additional treatments may be necessary.

Infections: Infections can occur at any puncture site (venous access, catheter, regional anaesthesia needle). Possible consequences include local vein inflammation, collections of pus (abscesses), tissue destruction (necrosis), and scar formation. In rare cases, these infections can lead to life-threatening blood poisoning (sepsis).

Pressure/Positioning injuries: Damage to skin, tissue, and nerves -- in the worst case with paralysis of limbs -- due to pressure, pulling, or overstretching during anaesthesia ("positioning injuries") cannot be completely ruled out. These usually resolve within a few months but can, in exceptional cases, become permanent.

Undesired drug effects and allergies: Milder allergic reactions (e.g., to anaesthetics or pain relievers, other medications, disinfectants, latex) or other undesired medication effects may

occur during or after anaesthesia. Symptoms may include nausea, vomiting, itching, skin rash, as well as problems with breathing and circulation. Severe allergic reactions and life-threatening complications (e.g., heart, circulatory, respiratory, or organ failure) are rare but can result in serious, permanent damage (such as brain damage, organ damage, paralysis).

Thrombosis/Embolism: The formation or dislodgement of blood clots that block a blood vessel can lead to serious, life-threatening events (e.g., pulmonary embolism, stroke, heart attack).

Aspiration: The entry of saliva or stomach contents into the lungs is life-threatening. However, this is rare with strict adherence to fasting rules. It poses a risk of suffocation, acute lung failure, pneumonia, and permanent lung damage.

Spasm of the airways (Laryngospasm/Bronchospasm): A spasmodic closure of the airways can occur when inserting or removing the tube (less frequently the laryngeal mask). This condition can usually be quickly resolved with medication.

Throat discomfort and voice disorders: Temporary swallowing difficulties and hoarseness can be caused, usually by the tube or laryngeal mask. Rare are permanent damage to the vocal cords with lasting voice disorders (hoarseness) and possibly shortness of breath, persistent sensory disturbances of the tongue, injuries to the pharynx, jaw, and larynx, and a life-threatening inflammation in the chest cavity as a result of a tracheal injury.

Damage to teeth and dental prostheses: Damage to teeth, implants, and fixed dental prostheses (e.g., crowns, bridges, dentures) is possible. Loss may also occur, particularly with already loose or decayed teeth.

States of confusion and cognitive impairments: These are usually temporary and mainly affect older people. Persistent impairments of mental performance cannot be ruled out in individual cases.

Awareness during anaesthesia: Despite careful anaesthesia management, states of awareness and even more rarely, pain sensation, can occur in exceptional cases. This can lead to distressing memories that may require psychological support.

Malignant Hyperthermia: An extremely rare, life-threatening complication of anaesthesia in individuals with a genetic predisposition. The consequence can be a metabolic imbalance with a sharp rise in body temperature, requiring intensive care treatment.

Special Risks of Regional Anesthesia

Seizures, loss of consciousness, and cardiac arrhythmias: These are very rarely life-threatening and can occur if the local anaesthetic accidentally enters a blood vessel.

Pneumothorax (Air accumulation in the chest cavity): This is possible with injections near the pleura (e.g., with certain regional anaesthesia near the clavicle) and can cause shortness of breath and chest pain.

Wichtige Verhaltensregeln – Unbedingt Beachten!

IMPORTANT RULES OF CONDUCT - MUST BE FOLLOWED! BEFORE ANAESTHESIA

Eating: A light meal (e.g., one slice of toast/white bread with jam, a glass of milk) is allowed up to **6 hours** before anaesthesia. After that, you must remain fasting (no chewing gum, no smoking, no sweets, etc.).

Drinking: Up to **2 hours** before anaesthesia, you may drink 1-2 glasses/cups of clear, fat-free liquid without solid components

(e.g., water or tea). Milk and alcoholic beverages are prohibited! You must not drink anything starting **2 hours** before anaesthesia.

Medications: Please discuss with your doctor (anaesthetist) which of your regular medications you need to take, discontinue, or replace. Please also bring your patient IDs (e.g., anaesthesia, allergy, pacemaker ID).

Jewelry and Aids: Contact lenses, removable dental prostheses, all jewelry (including piercings!), and hairpieces must be removed before anaesthesia. Do not use face creams, lipstick, or cosmetics.

AFTER AN OUTPATIENT PROCEDURE

After an outpatient procedure, it is mandatory that you are picked up by an adult escort and supervised at home for the first 24 hours (or the duration specified by the doctor). Due to the after-effects of the medications, you are prohibited from actively participating in road traffic, carrying out dangerous work or activities, consuming alcohol, smoking, or making important decisions during this time. Medications may only be taken upon explicit medical instruction.

PATIENT QUESTIONNAIRE (Please answer the following questions. If Yes, please provide details (Which, Why, How Much, etc.):)

Have you had anaesthesia/surgery before?	Y <input type="checkbox"/> N <input type="checkbox"/>
Were there any special occurrences during the anaesthesia?	Y <input type="checkbox"/> N <input type="checkbox"/>
Were there any anaesthesia incidents among blood relatives?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you or any of your blood relatives suffer from a muscle disease?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have you been under medical treatment recently?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you take regular medication?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you pregnant?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you wear dentures/contact lenses?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you smoke?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you regularly consume alcohol?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you overweight? (e.g., BMI > 30)	Y <input type="checkbox"/> N <input type="checkbox"/>

Do you suffer from any of the following diseases? (if yes, which ones? Since when?)

- Heart, circulatory, and vascular diseases (e.g., heart attack, palpitations, high blood pressure)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Lung and respiratory diseases (e.g., bronchitis, asthma, tuberculosis)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Liver diseases (e.g., jaundice, fatty liver)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Kidney diseases (e.g., nephritis, kidney stones, dialysis)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Stomach/Intestinal diseases (e.g., ulcer, inflammation)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Metabolic diseases (e.g., diabetes, gout)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Thyroid diseases (e.g., hyper-/hypofunction, goiter)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Eye diseases (e.g., cataracts, glaucoma)	Y <input type="checkbox"/> N <input type="checkbox"/>

- Nervous or mental disorders (e.g., seizures, paralysis, depression)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Skeletal system diseases (e.g., spinal disc complaints, rheumatism)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Blood disorders (e.g., anemia, hemophilia)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Allergies (e.g., hay fever)	Y <input type="checkbox"/> N <input type="checkbox"/>
- Other diseases:	Y <input type="checkbox"/> N <input type="checkbox"/>

DURING THE CONSULTATION:

I have read and understood the information form. I was able to ask all questions that interested me during the consultation. They were answered fully and comprehensibly. I have answered the questions about my medical history (anamnesis) to the best of my knowledge. I have received and read the leaflet for outpatient anaesthesia/anaesthesia, and I will observe the behavioral instructions, especially regarding the lack of fitness to drive. I have informed the above-mentioned escort about the content of this leaflet.

Physician's Notes on the Consultation: Discussions included, among others: the anaesthesia procedure, advantages and disadvantages compared to other methods, possible complications, risks of special procedures, risk-increasing specific features, side/subsequent procedures, and:

CONSENT DECLARATION

After careful consideration, I hereby consent to the procedure using: Mask / Laryngeal Mask / Intubation Anaesthesia, possibly combined with Regional Anaesthesia
I agree to necessary changes or extensions of the anaesthesia procedure as well as required side and subsequent procedures.
If you reject specific measures, please indicate:

- ☐ I have received a copy of this information..
☐ I waive a copy of this information.

Date / Patient / Parent / Legal Guardian:

Physician: _____

☐ I agree that the measurement of the depth of anaesthesia using EEG monitoring is carried out as an Individual Health Service (IGEL) and that I will bear the costs for this.

Signature Patient / Parent / Legal Guardian: