



Madam or Sir,

Somewhere in the near future, you or your child will have to undergo a diagnostic, therapeutic or surgical intervention under anaesthesia. The word anaesthesia means that one does not feel any pain when undergoing an intervention or operation. However, anaesthesia is far more than making patients insensitive to pain. The anaesthetist will take care of you or your child and will provide maximum care during the operation and in the postoperative period, thus facilitating the convalescence.

### **What types of anaesthesia are there?**

There are different types of anaesthesia: general anaesthesia, sedation and regional anaesthesia.

#### General anaesthesia (GA):

General anaesthesia makes you unconscious and insensitive to pain by using drugs that act on the brain. The anaesthetist administers these drugs via an intravenous infusion but sometimes also via a mask that will be applied to the face. At the end of the intervention, the anaesthetist will wake you up by stopping the administration of the anaesthetic drugs or by neutralizing them.

#### Sedation:

Sedation is a much 'lighter' form of a general anaesthesia. Still, the security measures taken will be the same as those for a general anaesthesia. Sedation will be used for procedures such as endoscopies or regional anaesthetic techniques when the patient is anxious and requires extra relaxation.

#### Regional anaesthesia (RA):

In the human body, pain is transmitted via nerves. If this transmission process is interrupted in a part of the body, then that part will become insensible or anaesthetized and very often there will also be a loss of muscle strength. Such a type of anaesthesia can be produced by injecting a specific type of drug ('a local anaesthetic') around the nerves. Depending on the region of the body involved, different names will be used for these techniques. A spinal or epidural anaesthesia produces anaesthesia of the lower half of the body. Other techniques, called peripheral nerve blocks, will anaesthetize only an arm, a leg or a foot.

Following a regional anaesthesia the numbed nerve(s) will progressively recover all their functions. This recovery may take several hours. In some cases a regional anaesthesia may be 'incomplete' or fail. In those cases it may be necessary to administer supplementary analgesics or to convert to a general anaesthetic technique.

Depending on the planned intervention and your (or your child's) general health condition, a specific type of anaesthesia may be better suited to your (or your child's) needs, whereas in other circumstances it may not be suited at all and another type is indicated. During the preoperative consultation you will be able to discuss with the anaesthetist the different

techniques of anaesthesia available and their possible side effects or complications, in order to help you with your choice.

### **Is anaesthesia safe?**

Although modern anaesthesia is very safe and all precautions are taken, it is still possible that side effects or complications occur. This is not different from any other medical intervention. The most frequent side effects or complications (occurring in 1 in 10 to 1 in 100 patients are): nausea and vomiting (GA-RA), a sore throat (GA), drowsiness and double vision (GA-RA), shivering (GA-RA), itching (GA-RA), headache, muscle-, joint- and back pain, pain during the injection of drugs, sore bruises (GA-RA), and disorientation or memory loss which are more common in elderly patients undergoing surgery (GA-RA). In most cases these phenomena are short lasting. Some can even be prevented; others can be treated or will disappear spontaneously.

A serious hypersensitivity reaction to drugs (GA-RA), a loss of strength or sensation and death (GA-RA) are extremely rare (1 in 100 000 patients and less). This explains why it is of utmost importance to notify the anaesthetist about any potential or known hypersensitivity in yourself or blood relatives.

### **Informed Consent**

As is the case with every medical treatment, you may refuse anaesthesia. The anaesthetist will inform you about the anaesthetic technique you will receive and will ask your consent to do so. At that time, you will be able to ask any relevant questions that may help in your decision-making.



I, the undersigned, have carefully read the attached information about anaesthetics and agree to the general anaesthetic technique as proposed.

Signed on ..... / ..... / ..... (date) by ..... (name)

Signature .....

## Preoperative adult questionnaire

This questionnaire has been drawn up in order to assess your general health before you are admitted for planned surgery, an examination or treatment. This information is strictly **private** and contributes towards the necessary preoperative examination. After having checked your medical notes, the anaesthetist may want to see you personally and review this questionnaire together with you. Please **circle the correct answer**.

Surname: .....  
 First name: .....  
 Date of birth: .....  
 Hospital no: .....

**Age: ..... years**  
**Weight: ..... kg**  
**Length: ..... cm**

<b>1. Operation, examination or treatment planned:</b> Date of operation, examination or treatment: ..... / ..... / ..... Name of operation, examination or treatment: ..... ..... right/left* Is an admission via the outpatient clinic planned: ..... yes/no* If no, is the admission planned the day before* or on the morning of the operation*			
<b>2. Are you allergic to:</b>			
Plants, pollen or house mites	yes	no*	If so, which reaction? .....
Antibiotics	yes	no*	which ..... .....
Contrast material	yes	no*	.....
Plasters	yes	no*	which ..... .....
Latex/rubber	yes	no*	.....
Disinfectants	yes	no*	which ..... .....
Injectable anaesthetics used by the dentist	yes	no*	which ..... .....
Medication	yes	no*	which ..... .....
Other			which ..... .....
<b>3. Personal habits</b>			
Do you smoke?	yes	no*	If so, how many? ..... /day, during ..... years
Have you stopped smoking?	yes	no*	If so, during ..... days, ..... months, .....years
Do you drink alcohol?	yes	no*	If so, ..... glasses/day ..... glasses/week
Other substance abuse?	yes	no*	If so, which? ..... Frequency? .....
<b>The use of other substances can have serious consequences during anaesthesia and threaten your life. To provide the best care the anaesthetist must be aware of any substance abuse.</b>			
<b>4. Are there any congenital diseases/anomalies in your relatives?</b> ..... yes no* If so, which? ..... .....			
<b>5. Are you currently being treated by your GP/consultant for any illness (excluding operations)?</b> ..... yes no* If so, which? ..... ..... ..... Do you suffer from travel sickness? ..... yes no*			
<b>6. Are you suffering from an infectious disease?</b> ..... yes no* If so, which? .....			

\* Please circle the correct answer

<b>7.</b>	<b>Are you diabetic?</b>		yes no*
<b>8.</b>	<b>Only for female patients</b>		
	Is it possible that you could be pregnant?		yes no*
	Are you pregnant?		yes no*
	Do you loose a lot of blood during your periods?		yes no*
<b>9.</b>	<b>Have you previously been operated on?</b>		yes no*
	If so, when, which operation(s) and in which hospital(s)?		
	.....		
	.....		
	.....		
	.....		
	Were there any problems during these operation(s)?		yes no*
	If so, which? .....		
	.....		
	.....		
<b>10.</b>	<b>Have any of your direct relatives had problems during an operation?</b>		yes no*
	If so, which? .....		
	.....		
	.....		
<b>11.</b>	<b>Do you have ...</b>		
	False teeth?                      yes no*                      where? upper? lower? both? .....		
	Implanted teeth?                  yes no*                      where?    which ones? .....		
	Loose teeth?                        yes no*                      where?    which ones? .....		
	Contact lenses?                    yes no*		
	A hearing aid?                      yes no*		
	Piercings?                            yes no*                      Please remove piercings at home before your admission!!		
	False nails?                          yes no*                      Please remove false nails at home before your admission!!		
<b>12.</b>	<b>Problems with your neck and mouth</b>		
	Is your mouth opening normal? (Normal mouth opening is when you can place 2 fingers vertically in your mouth)		yes no*
	Can you move your head easily in every direction (e.g. forwards, backwards, sideways)?		yes no*
<b>13.</b>	<b>Lung and respiration problems</b>		
	Do you wheeze?		yes no*
	If so, when? .....		
	Do you have asthma or hay fever?		yes no*
	Are you currently being treated or have you been treated for a lung problem?		yes no*
	If so, which treatment? .....		
<b>14.</b>	<b>Heart problems</b>		
	Do you feel pain or a tight feeling in your chest or arm(s)?	yes no*	
	If so, when? .....		
	Do you feel your heart beating irregularly?	yes no*	when? .....
	Do you have swollen feet?	yes no*	when? .....
	Do you sleep sitting upright?	yes no*	when? .....
	Are you being treated or have you been treated for a heart problem?	yes no*	which? .....
	.....		
	Can you do light house work?	yes no*	why not? .....
	Can you go up 2 flights of stairs without any problems?	yes no*	which problems? .....
	Can you work 1 hour in the garden without any problems?	yes no*	which problems? .....
	Can you do some exercise (e.g. cycle 5 km of cycling, walk 10 km, recreational sports, ... )?	yes no*	which problems? .....
	Your normal blood pressure is ..... / ..... (taken by a physician ..... weeks ago).		

\* Please circle the correct answer

<b>15.</b>	<b>Neurological problems</b>	
	Have you ever lost consciousness?	yes no*
	Have you ever been paralysed?	yes no*
	Do you suffer from epilepsy?	yes no*
	Do you feel tickling or tingling in your hand and feet?	yes no*
	Have you ever been treated for a nerve problem?	yes no*
<b>16.</b>	<b>General mobility</b>	
	Have you ever been treated for arthrosis or rheumatoid arthritis?	yes no*
	Do you suffer from low back pain?	yes no*
	If so, does the pain radiate to your legs?	yes no*
	Do you have pain in your neck?	yes no*
	If so, does the pain radiate to your shoulder(s) or arm(s)?	yes no*
<b>17.</b>	<b>Diseases of the liver and gallbladder</b>	
	Have you ever had jaundice?	yes no*
	Have you ever had problems with your gallbladder?	yes no*
<b>18.</b>	<b>Diseases of the kidney and the urinary tract</b>	
	Are you receiving kidney dialysis?	yes no*
	Have you ever been treated for a kidney illness?	yes no*
	If so, which? .....	
<b>19.</b>	<b>Problems with the digestive system</b>	
	Are you having problems when swallowing?	yes no*
	Do you have heartburn?	yes no*
	Do you suffer from nausea or vomiting?	yes no*
<b>20.</b>	<b>Problems with blood clotting</b>	
	Do you take any medication to thin your blood?	yes no*
	Do you bruise easily without reason?	yes no*
	Have you ever had to consult your physician for a nose bleed?	yes no*
	Do your gums bleed easily?	yes no*
<b>21.</b>	<b>Problems with the blood vessels</b>	
	Have you ever had a venous thrombosis?	yes no*
	Have you ever received treatment for a problem with your blood vessels ?	yes no*
<b>22.</b>	<b>Do you take any medication?</b> Write down clearly which medicine, the dose in milligrams or grams, how many times a day, and time of taking. Also write down all kinds of painkillers, sleeping pills and weight loss pills.	
	<input type="radio"/> <u>Name of medicine</u> <u>..... mg/g</u> <u>number/day</u> <u>hour(s)</u>	
	<input type="radio"/> .....	
<b>23.</b>	<b>Do you take any homeopathic or herbal medicines, or feeding supplements?</b> yes    no*	
	If so, which ones?	
	.....	
	.....	
	.....	
	.....	

\* Please circle the correct answer

**24. Is there anything else you wish to tell us in confidence.** yes no\*  
If so, please describe: .....  
.....  
.....  
.....

**25. Where can you be reached if we need any more information?**  
Telephone number: ..... / ..... or ..... / .....  
Email: ..... @ .....  
You can contact us between 9.00 and 17.00 hrs at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13. Outside office hours and by fax on number +32 16 34 48 21 or email: [Raadpleging.Anesthesie@uzleuven.be](mailto:Raadpleging.Anesthesie@uzleuven.be).

**26. Do you wish to speak personally to the anaesthetist?** yes no\*

**Caution:**

- Should you become ill shortly before the planned operation (e.g. common cold), please contact an anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13 (between 8.00 and 18.00 hrs). Outside these hours on telephone number +32 16 34 07 81.
- If there are major changes in your health condition before the operation, it is mandatory to contact an anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on the same telephone numbers as mentioned above.
- After midnight you may not eat anything, but a small amount (half a glass) of plain water is allowed until 6.00 a.m. Please comply strictly with these instructions.
- In case of any doubt, you can always ask. The anaesthetist will inform you until which time you may eat or drink before the operation. Please comply strictly with these instructions.
- Bring all your medication to the hospital on the day of admission.
- If you have a blood group card, please bring it with you and give it to the nurses on the ward.

I have read and understood all the questions of this questionnaire. I hereby declare having carefully and truthfully answered all questions. In case the surgery/examination should take place in the outpatient clinic, I hereby confirm that I have thoroughly read the guidelines that apply to an outpatient hospitalization, and that I have received all the necessary information. I hereby declare that I will strictly comply with all preoperative (as mentioned above) and postoperative guidelines.

Date ..... / ..... / ..... (dd/mm/yyyy) by ..... (name)

Signature .....

\* Please circle the correct answer