

Anaesthesia Clinic Sonnenhaus Altstadt



Joint Practice

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Information and medical history for analgo-sedation

Dear Patient,

You are scheduled to undergo a procedure involving **analgo-sedation**. This procedure is, for all intents and purposes, a reduced form of general anaesthesia. An anaesthetic needle is used to administer rapidly acting medicine through an infusion needle which will put you in a sedated state. As a rule, this state, combined with a local anaesthetic, is sufficient to prevent you from consciously feeling minor procedures. However, in the case of prolonged procedures, a complete loss of consciousness is not to be expected.

Unlike with so-called intubation anaesthesia, the introduction of a breathing tube into the windpipe is unnecessary since with this form of anaesthesia, natural breathing is only marginally impaired if at all. However, in specific situations, a somewhat deeper level of anaesthesia could be necessary, which may require the anaesthesiologist to support natural breathing with the help of a face mask. As with general anaesthesia, the anaesthesiologist will monitor all vital functions such as heart rhythm, blood pressure or oxygen content in the blood.

Side effects are **extremely rare** with this type of anaesthetic. Allergic reactions to the drugs used or the inhalation of blood, secretions or vomit (aspiration) may occur. However, the latter is nearly impossible in the case of patients undergoing the procedure on an empty stomach. As a general rule, you can consider yourself to have **an empty stomach six hours** after your last meal, fluid intake or cigarette. For your own safety, please ensure that you observe this time period.

Life-threatening occurrences during anaesthesia such as cardiac / circulatory failure, drug intolerance, thrombosis, embolism or a stroke are extremely rare nowadays, even in patients with poor general condition.

After sedation you will be required to spend a while longer at the practice depending on the duration of your procedure. By the time you are released from our care you will feel completely unaffected by the anaesthetic. In legal terms, however, the same principles apply to the next 24hr period as with a general anaesthetic. This means that you should not make any important decisions, operate any machinery or actively participate in any road traffic.

It is therefore mandatory to arrange **a companion for your journey home!** Please make sure that you have a person available to assist you in the 24hrs following the procedure and ensure you are **reachable by telephone**. Alcohol and / or any sedative drugs are also to be avoided during this time.

How to find our surgery in Altstadt:



13. Do you have loose teeth? yes no

14. Do you smoke – how much? yes no

15. Do you drink alcohol – how much? yes no

16. Female patients: Could you possibly be pregnant? yes no

17. Other diseases? – Which ones? yes no

18. Who will provide constant care during the first 24 hours? – Telephone number?

Age: _____ years Weight: _____ kg

1. Do you take any medications? yes no

2. Did you have previous operations? yes no

3. Did you experience any problems after a previous anaesthesia? yes no

4. Had there been any problems in the family during or after an anaesthesia? yes no

5. Do you have cardial problems or shortness of breath when climbing stairs? yes no

6. Did you have a heart attack? yes no

7. Did you have a stroke? yes no

8. High or low blood pressure? yes no

9. Chronic bronchitis, asthma? yes no

10. Do you have allergies? yes no

11. Do you have diabetes? yes no

12. Muscle weakness or other muscle diseases – also in blood relations? yes no

Notes on the preoperative discussion by the Doctor: (from ___ to ___ m)

I read and understood the information at the backside. I also understood the information of the preoperative discussion. There was the possibility to ask all necessary questions. I made my decision after thorough consideration. I do not need more time to think it over. I consent that the planed procedure is performed under general anaesthesia.

Procedure: _____

Doctor: _____
Date Signature

Patient: _____
Date Signature

copy received
 no copy necessary

Patient: _____
Date Signature