

LEAFLET ON OUTPATIENT ANAESTHESIA

You will undergo an outpatient procedure under anaesthesia in the near future. In the following, we will provide you with the most important information and rules of conduct.

1. SAFETY

The safety of all anaesthesia procedures is very high due to complete monitoring of all vital bodily functions and the use of modern, better tolerated and controllable medications, meaning that the risks are very low. The anaesthesia team, consisting of a specialist in anaesthesia and a specialist in anaesthesia nursing, will always be at your side. Even with the best technology, a small residual risk cannot be completely excluded. The anaesthetic risk is also determined by the type and severity of the underlying disease and the procedure, along with any concomitant diseases, biological age and lifestyle habits.

Please inform us immediately if your state of health worsens before the agreed treatment date (such as fever, bronchitis, cold).

After the procedure, you will be looked after by our specialist staff until you are discharged. Among other things, this includes monitoring breathing and circulation, along with appropriately adapted pain treatment. As soon as you are sufficiently awake, you will first be given something to drink.

If you are feeling well after appropriate monitoring, you will be discharged to go home after consultation with the supervising anaesthesia team and the treating practice/clinic. Please take the prescribed medication as discussed.

Have an adult pick you up and accompany you home. Make sure that an adult person can look after you on the day of treatment and the following night.

A few weeks after the procedure, depending on the practice/clinic treating you and your insurance model, you will receive our invoice directly, or the insurance company's invoice statement for the services. If the treatment costs are not covered by insurance, you will be informed in detail regarding the invoice procedure in the practice.

If you have any questions regarding invoicing, please feel free to contact us.

2. HEALTH INFORMATION

In order for us to be able to optimally prepare your anaesthesia treatment, we will send you our medical history questionnaire.

Please fill out the medical history questionnaire carefully and in full, and send it to anaPRaX by post or email, along with any medication lists and allergy passports available. Thank you very much.

We will go through the completed questionnaire with you before the procedure and will discuss any ambiguities and questions. Based on your previous history, your medical findings and the requirements of the procedure, you will be informed by a specialist about the anaesthetic procedures that are possible and about their advantages and risks, and, ultimately, you will together determine the most suitable procedure for you.

3. CONDUCT BEFORE, ON, AND AFTER THE DAY OF THE OPERATION

BEFORE THE DAY OF THE OPERATION

- > **FOOD INTAKE / SOBRIETY**
You can eat and drink as usual until 12:00 a.m. on the day before the anaesthesia.
- > **TAKING MEDICATION**
Please take your ongoing medication as usual on the day before the anaesthetic, unless you are specifically advised otherwise by a specialist.
- > **ORGANISATION BEFORE OUTPATIENT ANAESTHESIA**
Please consider the following when planning for the day of the procedure:
 - You need an adult to accompany you on the way home
 - Home care is required on the day of the procedure and the following night

ON THE DAY OF THE PROCEDURE

- > **SOBRIETY**
The following instructions must be strictly adhered to:
 - 6 hours before the procedure, do not eat anything and drink only clear liquids (tea without sugar, water without carbonic acid, coffee without milk/cream).
 - Do not drink or smoke 2 hours before the procedure
- > **OTHER**
 - Remove make-up, piercings and nail polish from at least two fingers
 - Take medication as discussed with the anaesthetist over the phone
 - Wear a hair band to bind loose hair
 - Empty your bladder shortly before the procedure
- > **ONLY FOR DENTAL TREATMENTS**
CLOTHES / SHOES
The treatment takes place in your dental practice. Therefore, NO special operating tables are used – just the conventional "practice chair". Our experience with longer procedures (more than 2 hours) has shown that it is useful to wear loose and comfortable clothing or to take such clothing with you for the procedure. We will keep moving your arms and legs during the procedure to prevent pressure sores.
 - **Recommendation:** Loose long-sleeved T-shirt, sweatpants or soft trousers, and thick socks. Please definitely do not wear jeans with zippers, thick seams, etc.

If unexpected special conditions arise at home, such as severe vomiting, urinary retention, severe pain, or fever over 39 °C, you can reach us by calling **+41 (0)62 296 32 38**.

AFTER THE DAY OF THE PROCEDURE

- > **GENERAL**
 - Arrange to have yourself accompanied home. Your reaction and judgement may be impaired, making you unable to drive a vehicle for 24 hours after the procedure.
 - Do not drink alcohol for 24 hours after anaesthesia.
 - Do not make any important decisions or sign any important documents for 24 hours after the procedure.
 - Do not engage in any activities involving taking on responsibility for 24 hours after anaesthesia (operating machines, etc.).
 - Stay in your flat/house and make sure you are not alone.
- > **PAIN**
You will already have received potent painkillers during the procedure, which are usually sufficient for the first few hours after the procedure. If necessary, you will receive appropriate medication before discharge.
- > **FOOD AND DRINK**
As soon as you feel fit again, are hungry, and have not received any other instructions from the treating practice/clinic, you can slowly begin eating and drinking again after the procedure.

4. ANAESTHETIC PROCEDURES AND RISKS

We are also obliged to inform you regarding rare risks and side effects. Because these occur very rarely, you can be confident about placing yourself in our hands. We would ask you to please read through the procedures and risks carefully. The responsible anaesthesia team will contact you by telephone 1-2 days before the procedure to discuss preparation and provide you with information, as well as to determine the anaesthesia procedure. Should you nevertheless wish to have a personal preparatory meeting, please inform us in good time.

GENERAL ANAESTHESIA RISKS

The risk of life-threatening incidents, such as respiratory and circulatory arrest or anaesthetic fever (malignant hyperthermia) is extremely low, even in the case of seriously ill persons. Allergic reactions and nerve damage are also very rare. Unpleasant symptoms that may occur after the anaesthesia but do not last long are nausea, vomiting, shivering, feeling cold, itching, bruising, backache and/or headache.

ANAESTHESIA PROCEDURE

> GENERAL ANAESTHESIA

General anaesthesia is a deep, sleep-like state during which we generally have to artificially support your breathing. Usually a medication (anaesthetic) is administered via infusion, which causes you to fall asleep within a minute. Specific risks: hoarseness, difficulty swallowing, aspiration, vocal cord injury, dental damage, being awake during anaesthesia (extremely rare).

> SEDATION (twilight sleep)

The administration of medications that reduce cognition results in a superficial sleep state, which may eventually lead to a memory lapse. Specific risks: slowing down of breathing.

> SPINAL ANAESTHESIA (partial anaesthesia near the spinal cord)

Spinal anaesthesia involves injecting a local anaesthetic at the level of the lumbar spine to numb the nerve trunks that run along there and which supply the lower half of the body. Due to anaesthetisation of the spinal cord nerves leading to the operation area, there is a temporary restriction of movement of the legs, a feeling of warmth, and sensory insensitivity. Medications that inhibit coagulation must definitely be discontinued before spinal anaesthesia (Aspirin, Plavix, Brilique, Xarelto, Marcoumar, etc.). Please speak to your treating GP practice for the correct procedure. Specific risks: headache, temporary drop in blood pressure with nausea, urinary retention. Serious complications, such as impaired hearing and vision, nerve injuries, nerve paralysis or even paraplegia are extremely rare.

> BLOCK ANAESTHESIA (arm or leg nerve block)

This involves injecting the local anaesthetic around the nerves leading away from the surgical area in order to numb them. For example, at the upper arm, for procedures on the hand or forearm. To locate these nerves correctly, we use a so-called "nerve stimulator" or an ultrasound device. After about 10-20 minutes, the anaesthetised limb will become warm, heavy and numb until the effect wears off after several hours. If the effect is insufficient to a degree, further painkillers or general anaesthesia can be administered at any time. Specific risks: bruising, allergic reactions, cramps, nerve damage, infections.

> INTRAVENOUS LOCAL ANAESTHESIA - IVRA (local anaesthetic procedure)

For minor and short procedures on the hand or parts of the forearm, a pressure cuff is applied to the upper arm so that the local anaesthetic, which is injected via a vein in the affected limb, will only be in that area and will be prevented from entering the "large" circulation system. The resulting arm and hand insensitivity will last until this pressure cuff is opened again about 20 minutes after the procedure, when the medication will leave the arm again. Specific risks: bruising, allergic reactions, cramps, drop in blood pressure, feeling of pressure on the upper arm.

> DROP ANAESTHESIA (local anaesthetic procedure)

So-called "drop anaesthesia" is mainly used for cataract operations and other, mainly superficial operations on the eye. In this case, the eye is locally anaesthetised with eye drops to make the procedure painless for you.