

INFORMED CONSENT INFORMATION NOTES REGARDING ANESTHESIA

This document is designed to inform you regarding anesthesia, its advantages and disadvantages. We are asking you to read it carefully in order to give consent to the anesthesia procedure proposed by the intensive care anesthetist. Anesthesia's improvement of its conditions and monitoring have enabled to optimize its security. However, it's important to keep in mind that any medical act, even conducted with skills and respect of the science data, carries and will always carry a risk.

WHAT IS ANESTHESIA?

Anesthesia is a set of techniques that allows the realization of a medical or surgical act while removing or mitigating pain. Two main types exist: general anesthesia and local anesthesia. General anesthesia provides a state comparable to sleep by the injection of medication through the intravenous route and/or through breathing anesthetic vapors; thanks to appropriate arrangements. Local anesthesia allows, by different techniques, to put to sleep only the body part that will be treated. A general anesthesia may be associated or become necessary in case of insufficiency of the local anesthesia. Epidural anesthesia and spinal anesthesia are two specific forms of local anesthesia. In those cases, the product is injected close to nerves connected to the spinal cord. For all non-urgent procedures, it's legally mandatory for any type of anesthesia, whether it's local or general, to have a medical examination few days prior to the surgery. Depending on hospitalization modalities, a pre-anesthetic visit is also planned the day before the surgery. These two medical acts done by an intensive care anesthetist allow you to ask any question that you may judge useful to your information and discuss, depending on your health state and the results of the additional examinations, about the type of anesthesia you will undergo. The final choice regarding that matter is the intensive care anesthetist's decision and responsibility. The intensive care anesthetist that will perform the anesthetic act will not necessarily be the one who did the medical consultation.

INFORMED CONSENT INFORMATION NOTES REGARDING ANESTHESIA

If there is any possibility that you will get transfused during the procedure, you will get a specific information about the techniques and the transfusion risk.

HOW WILL YOU BE MONITORED DURING THE PROCEDURE AND AT YOUR AWAKENING?

The anesthesia takes place in a room equipped with the proper equipment, adapted to your case, and checked before every surgery. Any material in contact with your body is either sterilized or disposable. At the end of the procedure, you will be guided to a post anesthesia care unit where you will be monitored before going back to your room. During the anesthesia and the post anesthesia surveillance, you will be taken care of by a qualified team, under the responsibility of the intensive care anesthetist.

WHAT ARE THE INCONVENIENTS AND RISKS OF A GENERAL ANESTHESIA?

With the new generation of medication, nausea and vomiting at the awakening are not as frequent as it used to be. Vomit through the lungs is very rare if the instructions regarding the alimentary, hydric and smoking fasting were respected. The introduction of a tube in the trachea or of a mask in the throat in order to insure breathing during the anesthesia may cause sore throat or temporary hoarseness. Dental trauma is also possible; it is important to indicate any dental appliance or any artificial tooth. Painful redness may appear in the area where the medications have been injected; it will disappear with a few days. The prolonged position on the operation table may cause compressions, in particular the one of nerves which may cause numbness or, exceptionally, paralysis of a member. In the vast majority of cases, things return to normal in a timeframe from a few days to several weeks. Temporary memory disorders and concentration disorders may occur in the hours following the anesthesia. Unforeseeable complications with a vital risk such as, serious allergies, heart attack or asphyxia are extremely rare. To give a general idea, one severe accident is reported for hundreds of thousands anesthesia procedures.

INFORMED CONSENT INFORMATION NOTES REGARDING ANESTHESIA

WHAT ARE THE INCONVENIENTS AND RISKS OF A LOCAL ANESTHESIA?

Following an epidural anesthesia or a spinal anesthesia, headaches may occur. They will require sometimes on or several rest days and/or a specific local treatment. A temporary bladder paralysis may require a temporary urinary catheter. Pain in the back at the needle-puncture site is possible. A puncture repetition may be necessary in case of difficulties. A reduction of blood pressure may occur, especially with the association of some antihypertensive medication that will need to be stopped before the anesthesia; nonetheless, it is reversible by a specific treatment. Rarely, we observe a temporary reduction of visual acuity or memory after a local anesthesia. Severe complications such as convulsions, heart attack, permanent paralysis or a loss of body sensations are extremely rare. Few cases have been observed when hundreds of thousands of local anesthesia are carried out every year. In ophthalmology, during a local anesthesia, an eye ball trauma is extraordinary. The carpal tunnel local anesthesia may cause a temporary pain when injecting the anesthetic agent.

During the anesthesia consultation, date: I have been sufficiently informed of the risks and advantages regarding anesthesia. I've asked all the questions that I have judged to be useful and have understood the answers given to me. I accept the procedure methods that may be necessary during the intervention.

My agreement also regards blood or derivatives transfusion that the intensive care anesthetist may judge capital.

The following documents have been given to me: x General tips for the anesthesia x Recommendations regarding ambulatory anesthesia x Information regarding the transfusion risks and methods

INFORMED CONSENT INFORMATION NOTES REGARDING ANESTHESIA

I have reviewed these prior tips and recommendations.

My signature below demonstrate my agreement (for under-age children, parents' signature is necessary)

Name:

In:

Date:

Signature (for under-age children, both parents' signatures are mandatory):



The 16-3 article of the civil code, the L-170 article of the code of public health and the judgments from February 5th, 1997 and January 4th, 2005 of the Court of Cassation make the Information and informed consent of the patient obligatory and it belongs to the patrician only to bring proof of the execution of this obligation.