INFORMED CONSENT

Name and surname:	**National ID No.:**
Patient's legally acceptable representative (name, surname):	

Designation of the medical procedure (or several procedures):

ANAESTHESIA AND FOLLOW-UP POST-ANAESTHETIC CARE

- ☐ general anaesthesia
- ☐ epidural local anaesthesia
- ☐ spinal local anaesthesia (subarachnoid)
- ☐ combined anaesthesia (general + local)
- ☐ other local anaesthesia
- ☐ infiltration anaesthesia
- ☐ analgosedation
- ☐ local analgesia

Purpose, nature, expected benefit, consequences and possible risks of the medical procedure:

The purpose of this procedure is to ensure a calm and painless course of surgery or examination.

General anaesthesia makes the patient fully unconscious and blocks the sensation of pain in the entire body. Together with local anaesthesia it is used for a number of extensive procedures. During general anaesthesia a mixture is used of sedatives, strong painkillers and muscle relaxants. These drugs are most commonly administered intravenously and by inhalation, either separately or in combination.

Analgosedation reduces the sensation of pain in the entire body, but the feeling of pressure and touch remain preserved. Under the influence of sedatives applied intravenously the patient may be half asleep and have no memory of the procedure. It is used together with local anaesthesia in painful procedures.

Local anaesthesia blocks the sensation of pain in a specific area of the body (conduction anaesthesia, when the anaesthesiologist applies drugs with a needle into the area around the spinal nerve roots or nerve plexuses) or only into the operated tissue (infiltration anaesthesia, which the surgeon usually personally performs). Depending on the extent and method of conduction anaesthesia, we distinguish anaesthesia in the area of the spinal canal (epidural – between the dura mater and the bone; spinal/subarachnoid - below the arachnoid where the cerebrospinal fluid is) or blockage of the individual peripheral nerves.

Local analgesia suppresses only the painful sensations in the surgical site; it can also be used postoperatively.

Among the **adverse effects** arising from the chosen type of anaesthesia or analgesia are muscle pain and headaches, nausea, vomiting, temporary drowsiness and coordination disorder, throat ache, hoarseness, vascular trauma, nerve injury, back pain with numbness in the spinal area, in rare cases problems with sensitivity and movement in the anaesthetised area after the anaesthesia wears off, urinary retention.

Among **severe complications,** including life-threatening associated with the anaesthesia procedure or with complicated diseases, are allergic reactions, toxic reactions to local anaesthetics, tissue injury caused by the needle in the chosen technique of local anaesthesia, respiratory or circulatory failure, kidney or liver failure.

Unexpected prolongation of a surgical procedure and the technical demands of local anaesthetics bring the risk of transfer of anaesthesia to general anaesthesia.

Other alternatives, their suitability, benefits and risks:

The medical condition, previous diseases, age and nature of the planned surgery affect the choice

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of the type of anaesthesia. All options of anaesthesia are described below.

The medical procedure will take place as follows:

A specialist doctor (anaesthesiologist) will instruct the patient on the procedure and will perform an initial examination, evaluate the overall condition and type of surgical procedure or examination and recommend the type of anaesthesia, analgosedation or analgesia suitable for the smooth course of the procedure.

During preoperative preparation the intake of food, drinking and smoking must be reduced, dental prosthesis removed and all the anaesthesiologist's recommendations followed. So-called premedication (sedative drugs) is administered in the evening before the surgical procedure and on the day just before the surgical procedure or examination.

Part of the anaesthesia is **medical procedures to ensure vital functions**, above all breathing, blood circulation and consciousness. These are procedures to ensure adequate lung ventilation and airway clearance using special aids and procedures, most commonly tracheal intubation (placement of a tube in the airways). In rare cases (if there is difficulty) this may lead to damage to teeth including fixed dental implants or injury to soft tissue in the mouth or nasal cavity. It is also important to follow vital functions through a central venous catheter in the neck or collarbone or in an artery most commonly in the radial artery in the wrist, which is again associated with possible complications (e.g. air entering the pleural cavity, lung or vascular injury).

During the surgical procedure or examination and in intensive post-anaesthetic care **the administration of blood or blood components** (transfusion) may be required. Despite careful examination of blood derivatives by the Transfusion Department of the General University Hospital and the anaesthesiologist, there may be complications in exceptional cases with blood or blood component transfusion (fever, allergic reaction, transmission of some infectious diseases, etc.).

Restrictions and recommendations in lifestyle with regard to the medical condition and possible changes in medical fitness after the stated medical procedure:

Problems with concentration, coordination or movement persist after the procedure for a certain time (up 24 hours).

In case of an outpatient procedure, the patient should have somebody accompanying him/her on the way home. The patient should not drive a motor vehicle or operate a machine requiring greater attention in the next 24 hours.

Further required treatment:

Depends on the type of surgical procedure or examination.

I declare that the doctor who instructed me personally explained the entire content of this written informed consent and I had the opportunity to ask him/her questions to which he/she gave a proper answer. I declare that I have fully understood the above instructions and information and give express consent to this medical procedure:

In case that the patient is **underage or has limited legal capacity** and is reasonably mentally and freely mature:

I declare that I have been instructed to the extent stated above.

If the patient was not provided with such data, he/she shall state the reason why:

Enter the reason

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Name and surname:	**National ID No.:**
In Prague on Enter the date ..... *patient's/legally acceptable representative's signature* ..... *signature of the underage patient/patient with limited legal capacity*	..... *doctor's name, surname and signature*
If the patient/legally acceptable representative cannot sign because of his/her medical condition: Reason why the patient/legally acceptable representative is unable to sign: Enter the reason Manner in which the patient/legally acceptable representative expressed his/her will: Enter the manner ..... *name, surname and signature of the witness*	

This form is also directly available in the HIS.