



Information for adult patients on anaesthesia

This document, drawn up by the French Society of Anaesthesia and Intensive Care (SFAR), in partnership with Users Representatives (CISS – Collectif Interassociatif Sur la Santé) is intended to inform you about the different anaesthesia techniques and their possible risks. Please read it carefully, so that you may agree to the anaesthetic procedure that will be proposed to you by the Anaesthetist/Intensive Care Physician. Please feel free to ask your doctor should you have any questions regarding your anaesthesia.

For any questions you may have regarding the medical or surgical act that motivates the anaesthesia, it will be up to the specialist who will carry out this act to answer them.

1. WHAT IS ANAESTHESIA?

Anaesthesia is a set of techniques that allows a surgical, obstetrical or medical procedure (endoscopy, radiology...) to be carried out, by eliminating or reducing pain during and after the procedure in optimal safety conditions. There are two main types of anaesthesia : general anaesthesia and regional anaesthesia.

- **General anaesthesia** is a sleep-like state, the depth of which can be adjusted, produced by injecting drugs and/or breathing anaesthetic vapours.

- **Regional anaesthesia** is used to numb only the part of the body on which the operation will take place. The principle is to block the nerves of this body area by injecting a local anaesthetic in their proximity. It is sometimes possible to prolong the anaesthesia several days after the operation by injecting this product through a device (catheter) placed near the nerves.

Spinal anaesthesia and **epidural anaesthesia** are two special forms of regional anaesthesia, where the anaesthetic is injected close to the nerves that exit the spinal cord. General anaesthesia may be combined with locoregional anaesthesia, either because of particular anaesthetic requirements or because it becomes necessary in case of insufficiency or failure of locoregional anaesthesia.

- Some teams may, for certain procedures, propose **hypnosis** as an alternative technique, which may be used alone or in combination with other anaesthetic techniques.

ANESTHESIA CONSULTATION

Any anaesthesia, general or locoregional, performed for a scheduled non-urgent procedure, requires a **specific consultation** several days in advance when additional examinations and assessments may be undertaken. The anaesthesia consultation is carried out by an Anaesthetist/Intensive Care Physician. During this consultation and the pre-anaesthetic visit,

you will be informed of the **different possible anaesthetic techniques adapted to your case**. You will be able to ask all the questions that you consider useful. On this occasion, you may be asked to express your preferences.

The choice of the type of anaesthesia will be planned according to the operation, your state of health and the results of any additional examinations prescribed. You will meet an anaesthetist again during your hospitalisation (pre-anaesthetic visit). The doctor who will perform the anaesthesia will not necessarily be the one you saw during the consultation or the pre-anaesthetic visit, but he or she will have your medical file. If necessary, he or she may have to modify the technique initially planned and will inform you of such a change, except in an emergency situation.

1. HOW WILL YOU BE MONITORED DURING THE ANAESTHESIA AND WHEN YOU WAKE UP?

Anaesthesia takes place in a room with specialist equipment, which may be adapted to your needs and that is checked before each use. Mandatory verifications of your identity, the nature and the anatomical site of your operation, follow these technical checks. At the end of the procedure, you will be monitored continuously in a 'Post-Interventional Monitoring Room' (also known as a "Recovery Room"). Throughout the anaesthesia and your stay in the post-interventional surveillance room, you will be cared for by a team of professionals, under the medical responsibility of an Anaesthetist/Intensive Care Physician.

2. WHAT ARE THE RISKS OF ANAESTHESIA?

The vast majority of anaesthetic procedures are performed without any particular problem. However, anaesthetic procedures, even if conducted with competence and in accordance with the latest scientific data, involve risk. The current conditions for monitoring anaesthesia and the recovery period make it possible to detect and treat abnormalities early. Serious complications of anaesthesia (such as cardiac, respiratory, neurological, allergic or infectious complications) are rare. Anaesthesia and surgery can sometimes be followed by unpleasant events although these do not always occur. They also depend on individual sensitivity, your state of health, and the duration and method of anaesthesia.

3. WHAT ARE THE DISADVANTAGES AND RISKS OF GENERAL ANAESTHESIA?

All the symptoms mentioned are usually temporary. Should symptoms persist, you should report them to a health professional as soon as possible:

- You will be asked **to fast and stop smoking** before the anaesthesia; this is a safety measure. Fasting allows you to avoid the serious problem of vomiting into the lungs. You will be given specific instructions on how and when to fast, which you must strictly follow.
- Nausea and vomiting can occur after waking from anaesthesia.
- Painful redness in the vein into which the products were injected may be experienced.

- The introduction of a tube into the trachea or throat to ensure breathing during anaesthesia may cause a sore throat or hoarseness after waking.
 - Dental trauma is also possible. It is therefore important to report any particular dental prosthesis or fragility.
 - Prolonged positioning on the operating table can lead to compression, especially of certain nerves, which can cause numbness or rarely temporary paralysis of an arm or leg.
 - After a general anaesthetic, memories of the operation may remain. Memory problems, confusion or impaired concentration may occur in the hours following the anaesthetic.
- Unpredictable life-threatening complications such as severe allergy, cardiac arrest and asphyxia, are extremely rare.

4. WHAT ARE THE DISADVANTAGES AND RISKS OF REGIONAL ANAESTHESIA?

Any regional anaesthesia may be incomplete and require additional anaesthesia or even general anaesthesia. Consequently, **the same fasting instructions apply** to ~~local~~ regional anaesthesia that apply to general anaesthesia.

- Perimedullary anaesthesia (spinal anaesthesia, epidural anaesthesia)

- Perimedullary anaesthesia may require a repeat puncture in case of difficulty;
- Temporary placement of a urinary catheter in case of difficulty in urinating;
- Headaches may occur and sometimes require several days of rest and/or specific treatment;
- Very rarely, there may be a temporary loss of hearing or impaired vision;
- Pain at the puncture site in the back may also occur.

- Other regional anaesthesia:

- During some anaesthetic procedures of the upper limb or chest, respiratory complications are possible. All regional anaesthesia techniques can lead to serious but very rare complications: more or less extensive anaesthesia, temporary or permanent paralysis and/or insensitivity, cardiovascular accident, convulsions, injury to a nearby organ.
- Concerning general anaesthesia, nausea, vomiting, itching, temporary memory problems or impaired concentration may occur in the hours following the anaesthesia.
- Anaesthesia of the eye may cause specific side effects, such as diplopia (double vision) or, more rarely, an eye sore. Temporary or permanent sequelae, such as decreased or lost vision, may result.

The serious but rare complications associated with general anaesthesia and regional anaesthesia are not the same, but according to current scientific knowledge, neither technique seems statistically more risky than the other. Each technique has specific advantages and disadvantages.

Only the Anaesthetist/Intensive Care Physician may recommend the anaesthetic options available, which will vary according to your individual case.