DREAMTEAM
Anästhesie MVZ

Information on anaesthesia and risk education

Anaesthesia or **general anaesthesia** switches off your sense of pain and consciousness during an operation by administering anaesthetic medication. In our practice, this is usually done via a thin plastic cannula (venous catheter) as a short-term or continuous infusion directly into the vein (**iv. induction / intravenous anaesthesia**).
The anaesthetic can also be administered via the air we breathe (**inhalation anaesthesia**).
In children and in special situations, anaesthesia can also be induced via a breathing mask by inhaling an anaesthetic gas (**mask induction**).
Different techniques can be used to secure the oxygen supply after you have fallen asleep: In **mask anaesthesia**, breathing air is supplied through a breathing mask that rests on your mouth and nose. With **intubation anaesthesia,** a breathing tube is passed through the mouth or nose between the vocal cords and into the windpipe, which is then sealed with an inflatable balloon. In **laryngeal mask** anaesthesia**,** a breathing tube is passed through the mouth to above the laryngeal inlet, where it seals the airway with an inflatable bead. Both procedures keep the airway clear for oxygen and anaesthetic gases and facilitate artificial ventilation. In addition, saliva or stomach contents are prevented from flowing into the airway - especially in intubation anaesthesia**. In order** to facilitate the insertion of the breathing tube, medication to make the muscles slack is used if necessary. On the evening before and/or shortly before the procedure, a sedative is often given as premedication.
During the anaesthetic, your bodily functions are continuously monitored (cardiovascular, respiratory). For the possibility of monitoring your sleep depth / brain activity (EEG), please ask during the anaesthetic consultation.

As with all medical interventions, risks or complications cannot be completely avoided despite all the care taken during planning and execution. Life-threatening situations may arise that require additional treatment or surgery. The following information on frequency is intended as a general estimate to facilitate the weighting of risks among each other; it does not correspond to the definitions for side effects in medication package inserts. Please note that the frequency of complications can be significantly influenced by pre-existing and concomitant diseases and individual characteristics. Extremely rare risks and complications are also listed here as part of the risk information. Fortunately, serious anaesthetic incidents are very rare.

General risks include bleeding and bruising as well as infections in the area of the injection site or catheter (syringe abscess, tissue death, vein irritation or inflammation) or vascular injuries that need to be treated, temporary or permanent mild nerve damage such as insensitivity, sensitivity to touch, numbness, movement disorders or pain. However, these complications rarely occur.
Infections that lead to life-threatening blood poisoning (sepsis), chronic pain or permanent paralysis are extremely rare. Skin and tissue damage due to positioning on the operating table as well as nerve damage or paralysis of the extremities due to pressure, strain or hyperextension during anaesthesia cannot be avoided with certainty. However, they usually disappear soon and are very rarely permanent.
Allergic reactions or hypersensitivities can be triggered by the medicines used, by latex, by previous illnesses or a predisposition. This manifests itself in mild complaints such as itching, skin rash, nausea or circulatory problems that can be easily treated. Very rarely, these complaints can lead to life-threatening allergic shock with respiratory, cardiac, circulatory and organ failure, which requires intensive medical treatment and may cause serious permanent damage (e.g. paralysis, brain and organ damage).
With all forms of anaesthesia, other life-threatening complications such as cardiac, circulatory or respiratory arrest, organ damage, occlusion of blood vessels (embolism, pulmonary embolism, stroke, heart attack) can occur, but these are extremely rare even in elderly patients or patients in poor general health. Confusion, which is usually temporary, can occur in the elderly due to separation from their familiar surroundings and the stress of anaesthesia and surgery; under certain circumstances, these impairments can be permanent.
Specific complications of anaesthesia include nausea and vomiting, but these have become rare. It is also very rare for saliva or stomach contents to flow into the lungs, making intensive medical treatment necessary. A spasmodic closure of the airways (laryngo-/bronchospasm) is very rare and can be controlled well with medication. An extreme increase in body temperature due to a life-threatening metabolic derailment (malignant hyperthermia) is extremely rare, but requires immediate intensive medical treatment.
Swallowing difficulties and hoarseness can occur during intubation anaesthesia or through the use of the laryngeal mask, nose bleeding if the ventilation tube is inserted through the nose. Injuries to the jaw, pharynx, trachea, larynx or vocal cord damage with permanent voice disorders and shortness of breath are very rare. However, it can damage previously damaged teeth, fixed dentures and implants, or possibly lead to tooth loss. Rarely, there may be states of alertness, very rarely also pain sensations during anaesthesia; corresponding memories may be stressful and make treatment necessary.
Risks and complications of ancillary and follow-up procedures Before, during and after the operation, measures are necessary to monitor and, if necessary, maintain bodily functions, as well as the administration of medications, which also contain risks. Although foreign blood, plasma derivatives and other blood products are prepared with great care, infections cannot be ruled out with certainty when they are used. Infections with hepatitis viruses (liver inflammation) are very rare, and extremely rare are infections with HIV (AIDS) or possibly with pathogens of BSE, the new variant of Creutzfeld-Jakob disease or previously unknown pathogens. Your doctor will discuss with you whether and when a follow-up examination is appropriate to exclude infections and whether, in order to avoid the risk of infection, an autologous blood donation or a retransfusion of the blood that you lose during the operation is possible in your case.

Please fill in the questionnaire overleaf very conscientiously for the clarification interview ! Thank you very much !