



Madam or Sir,

Somewhere in the near future, you or your child will have to undergo a diagnostic, therapeutic or surgical intervention under anaesthesia. The word anaesthesia means that one does not feel any pain when undergoing an intervention or operation. However, anaesthesia is far more than making patients insensitive to pain. The anaesthetist will take care of you or your child and will provide maximum care during the operation and in the postoperative period, thus facilitating the convalescence.

### **What types of anaesthesia are there?**

There are different types of anaesthesia: general anaesthesia, sedation and regional anaesthesia.

#### General anaesthesia (GA):

General anaesthesia makes you unconscious and insensitive to pain by using drugs that act on the brain. The anaesthetist administers these drugs via an intravenous infusion but sometimes also via a mask that will be applied to the face. At the end of the intervention, the anaesthetist will wake you up by stopping the administration of the anaesthetic drugs or by neutralizing them.

#### Sedation:

Sedation is a much 'lighter' form of a general anaesthesia. Still, the security measures taken will be the same as those for a general anaesthesia. Sedation will be used for procedures such as endoscopies or regional anaesthetic techniques when the patient is anxious and requires extra relaxation.

#### Regional anaesthesia (RA):

In the human body, pain is transmitted via nerves. If this transmission process is interrupted in a part of the body, then that part will become insensible or anaesthetized and very often there will also be a loss of muscle strength. Such a type of anaesthesia can be produced by injecting a specific type of drug ('a local anaesthetic') around the nerves. Depending on the region of the body involved, different names will be used for these techniques. A spinal or epidural anaesthesia produces anaesthesia of the lower half of the body. Other techniques, called peripheral nerve blocks, will anaesthetize only an arm, a leg or a foot.

Following a regional anaesthesia the numbed nerve(s) will progressively recover all their functions. This recovery may take several hours. In some cases a regional anaesthesia may be 'incomplete' or fail. In those cases it may be necessary to administer supplementary analgesics or to convert to a general anaesthetic technique.

Depending on the planned intervention and your (or your child's) general health condition, a specific type of anaesthesia may be better suited to your (or your child's) needs, whereas in other circumstances it may not be suited at all and another type is indicated. During the preoperative consultation you will be able to discuss with the anaesthetist the different

techniques of anaesthesia available and their possible side effects or complications, in order to help you with your choice.

### **Is anaesthesia safe?**

Although modern anaesthesia is very safe and all precautions are taken, it is still possible that side effects or complications occur. This is not different from any other medical intervention. The most frequent side effects or complications (occurring in 1 in 10 to 1 in 100 patients are): nausea and vomiting (GA-RA), a sore throat (GA), drowsiness and double vision (GA-RA), shivering (GA-RA), itching (GA-RA), headache, muscle-, joint- and back pain, pain during the injection of drugs, sore bruises (GA-RA), and disorientation or memory loss which are more common in elderly patients undergoing surgery (GA-RA). In most cases these phenomena are short lasting. Some can even be prevented; others can be treated or will disappear spontaneously.

A serious hypersensitivity reaction to drugs (GA-RA), a loss of strength or sensation and death (GA-RA) are extremely rare (1 in 100 000 patients and less). This explains why it is of utmost importance to notify the anaesthetist about any potential or known hypersensitivity in yourself or blood relatives.

### **Informed Consent**

As is the case with every medical treatment, you may refuse anaesthesia. The anaesthetist will inform you about the anaesthetic technique you will receive and will ask your consent to do so. At that time, you will be able to ask any relevant questions that may help in your decision-making.



Undersigned mother/father/guardian\* of: ..... (name)  
has carefully read the attached information on anaesthetics and agree(s) to the general anaesthetic  
technique as proposed.

Signed on ..... / ..... / ..... (date) by ..... (name)

Signature .....

\* Circle what applies to you



Preoperative child questionnaire

This questionnaire has been drawn up in order to assess your child's general health before he/she is admitted for planned surgery, an examination or treatment. This information is strictly private and contributes towards the necessary preoperative examination. After having checked his/her medical notes, the anaesthetist may want to see your child personally and review this questionnaire together with you and your child. Please circle the correct answer.

Surname: .....
First name: .....
Date of birth: .....
Hospital no: .....

Age: ..... year(s)/month(s)\*
Weight: ..... kg
Length: ..... cm

1. Operation, examination or treatment planned:
Date of operation, examination or treatment : ..... / ..... / .....
Name of operation, examination or treatment : .....
..... right/left\*
Is an admission via the outpatient clinic planned: yes/no\*
If no, is the admission planned the day before\* or on the morning of the operation\*

2. Is your child allergic to: If so, which reaction?
Plants, pollen or house mites yes no\* .....
Antibiotics yes no\* which .....
Contrast material yes no\* .....
Plasters yes no\* which .....
Latex/rubber yes no\* .....
Disinfectants yes no\* which .....
Injectable anaesthetics used by the dentist yes no\* which .....
Medication yes no\* which .....
Other yes no\* which .....

3. Personal habits
Does your child smoke? yes no\* If so, how many? ..... /day, during ..... years
Does your child drink alcohol? yes no\* If so, ..... glasses/day ..... glasses/week
Other substance abuse? yes no\* If so, which? ..... Frequency? .....

The use of other substances can have serious consequences during anaesthesia and can threaten your child's life. To provide the best care the anaesthetist must be aware of any substance abuse.

4. Are there any congenital diseases/anomalies in your child's relatives? yes no\*
If so, which? .....

5. Is your child currently being treated by your GP/consultant for any illness (excluding operations)? yes no\*
If so, which? .....
Does your child suffer from travel sickness? yes no\*

6. Is your child suffering from an infectious disease? yes no\*
If so, which? .....

7. Is your child diabetic? yes no\*

\* Please circle the correct answer

<b>8.</b>	<b>Pregnancy (only to be filled in if your child is under 6 years of age).</b> Duration of the pregnancy was ..... weeks and birthweight was about ..... g Were there any problems during/after birth? ..... yes no* If so, which? .....		
<b>9.</b>	<b>Only for girls.</b> Is it possible that your daughter could be pregnant? ..... yes no* Is your daughter pregnant? ..... yes no* Does your daughter loose a lot of blood during her periods? ..... yes no*		
<b>10.</b>	<b>Has your child been ill over the last 6 weeks?</b> ..... yes no* If so, which illness and what was the treatment? .....		
<b>11.</b>	<b>Has your child previously been operated on?</b> ..... Yes No* If so, when, which operation(s) and in which hospital(s)? ..... ..... ..... ..... ..... ..... Were there any problems during these operation(s)? ..... Yes No* If so, which? .....		
<b>12.</b>	<b>Have any direct relatives of your child had problems during an operation?</b> ..... Yes No* If so, which? .....		
<b>13.</b>	<b>Has your child ...</b> Implanted teeth?      yes no*      Where? Which ones? ..... Loose teeth?          yes no*      Where? Which ones? ..... Contact lenses?        yes no* A hearing aid?         yes no* Piercings?             yes no*      Please remove piercings at home before your child's admission!! False nails?            yes no*      Please remove false nails at home before your child's admission!!		
<b>14.</b>	<b>Lung and breathing problems</b> Does your child wheeze? ..... yes no* If so, when? ..... Do your child have asthma or hay fever? ..... yes no* Is your child currently being treated or has he/she been treated for a lung problem? ..... yes no* If so, which treatment? .....		
<b>15.</b>	<b>Heart problems.</b> Is/has your child been treated for a heart complaint? ..... yes no* If so, which? ..... ..... Does your child have a heart murmur? ..... yes no* Does your child sometimes have blue lips? ..... yes no* If so, please explain: ..... Is your child rapidly out of breath when he/she plays, cycles or runs? ..... yes no* If so, please explain: .....		

\* Please circle the correct answer

<b>16.</b>	<b>Neurological problems</b>	
	Has your child ever lost consciousness?	yes no*
	Has your child ever been paralysed?	yes no*
	Does your child suffer from epilepsy or any other neurological disorder?	yes no*
	Does your child have a muscular disorder (e.g. weakness)?	yes no*
<b>17.</b>	<b>General mobility</b>	
	Has your child been treated for rheumatoid arthritis?	yes no*
<b>18.</b>	<b>Diseases of the liver</b>	
	Has/is your child been treated for a liver complaint?	yes no*
<b>19.</b>	<b>Diseases of the kidney and the urinary tract</b>	
	Has/is your child been treated for a kidney illness?	yes no*
	If so, which? .....	
<b>20.</b>	<b>Problems with the digestive system</b>	
	Has/is your child been treated for problems with the digestive system?	yes no*
<b>21.</b>	<b>Problems with blood clotting.</b>	
	Does your child take any medication to thin his/her blood?	yes no*
	Do your child bruise easily without reason?	yes no*
	Has your child ever had to consult your physician for nose bleeds?	yes no*
	Do your child's gums bleed easily?	yes no*
<b>22.</b>	<b>Does your child take any medication?</b> Write down clearly which medicine, the dose in milligrams or grams, how many times a day, and time of taking. Also write down all kinds of painkillers, sleeping pills and pills for weight loss pills.	
	<input type="radio"/> <u>Name of medicine</u>	<u>..... mg/g</u> <u>number/day</u> <u>hour(s)</u>
	<input type="radio"/>	.....
<b>23.</b>	<b>Does your child take any homeopathic or herbal medicines, or feeding supplements?</b>	yes no*
	If so, which? .....	
	.....	
	.....	
<b>24.</b>	<b>Is there anything else you wish to tell us in confidence.</b>	yes no*
	If so, please describe: .....	
	.....	
	.....	
	.....	

\* Please circle the correct answer

**25. Where can you be reached if we need any more information?**

Telephone number: ..... / ..... or..... / .....

email: ..... @ .....

You can contact us between 9.00 and 17.00 hrs at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13. Outside office hours and by fax on number +32 16 34 48 21 or email: [Raadpleging.Anesthesie@uzleuven.be](mailto:Raadpleging.Anesthesie@uzleuven.be)

**26. Do you wish to personally speak to the anaesthetist?**

yes no\*

**Caution:**

- Should your child become ill shortly before the planned operation (e.g. common cold), please contact an anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus on telephone number +32 16 34 48 13 (between 8.00 and 18.00 hrs) or outside these hours on telephone number +32 16 34 07 81.
- If there are major changes in your child's health condition before the operation, it is mandatory to contact an anaesthetist at the anaesthetic preoperative clinic on the Gasthuisberg campus via the same telephone numbers as mentioned above.
- Independent of the child's age, plain water (or clear liquid) is allowed until 1 h before the intervention. In small children formula and/or breast feeding is allowed until 4 h before the intervention. In older children a light meal is allowed until 6 h before the intervention. Please comply strictly with these instructions.
- In case of any doubt, you can always ask. The anaesthetist will inform you until what time your child may eat or drink before the operation. Please comply strictly with these instructions.
- Please do not forget to sign the permission for the anaesthesia of your child in the previous section.
- Please bring all your child's medication to the hospital on the day of admission.
- If your child has a blood group card, please bring it with you and give it to the nurses on the ward.

I have read and understood all the questions of this questionnaire. I hereby declare having carefully and truthfully answered all questions concerning my child. In case the surgery/examination of my child should take place in the outpatient clinic, I hereby confirm that I have thoroughly read the guidelines that apply to an outpatient hospitalization, and that I have received all the necessary information. I hereby declare that I will strictly comply to all preoperative (as mentioned above) and post-operative guidelines.

Date: ..... / ..... / ..... (dd/mm/yyyy) by ..... (name)

Signature: .....

**Permission for anaesthesia**

I the undersigned, mother/father/guardian\* of..... give my/our permission for an operation, examination, or treatment under general anaesthesia to be performed on my/our child.

Name: .....

Signature: .....

\* Please circle the correct answer