

## Why this consultation?

Dear Patient

In the coming days or weeks you will undergo an surgical procedure or examination under anesthesia. Your attending physician has already informed you about this. The anesthesiologist will take care of your anesthesia.

### EXTRA ATTENTION

Please do not eat or drink for at least 6 hours prior to the procedure.

Please bring as few valuables to the hospital as possible.

If you are allowed to go home the same day of your surgery, make sure that:

- you arrange transportation home in advance (you are not allowed not drive a vehicle yourself for the first 24 hours
- an adult accompanies you
- you do not stay alone at home for the first 24 hours

Here you can write down your contact person along with his/her phone number:

.....  
.....

# Types of anaesthesia (sedation)

Which type of anaesthesia is most appropriate for you depends on several factors such as your age, your condition and the type of surgery.

You can present your own wishes to the nurse and/or anaesthesiologist at the preoperative consultation. To the extent possible, the anaesthesiologist will take these into account.

## General anaesthesia

*General* anaesthesia is the best known form of anaesthesia. In this case, you will be kept in a deep sleep during surgery. Before you are put to sleep, you will be connected to monitoring equipment. We will adhere tapes on your chest to measure your heart rate and a clip on your finger to check the oxygen level in your blood. Your blood pressure will be measured by a strap band around your arm.

The anaesthesiologist will then administer various drugs via an infusion (painkillers, sleep medication and, possibly, muscle relaxants). The sleep medication that is administered may cause a burning sensation at the site of the infusion. Meanwhile, a mask with oxygen will be held over your mouth and nose.

In exceptional cases where an infusion cannot be inserted, you can be anesthetized via a mask containing sleep-inducing gases. This approach is also applied for children.

When you are asleep, a tube will be inserted into the mouth-throat cavity (the trachea) and your breathing will be taken over by a respirator.

If necessary for surgery, a bladder catheter, a stomach tube and/or an IV will also be inserted into a large blood vessel in the neck.

When the surgery is completed, the sleep medication will be turned off and you will be awakened again and taken to the recovery room.

For major high-risk surgeries, you will be admitted to the Intensive Care Unit after the procedure, in which case you will be awakened there.

## **Regional anesthesia**

Regional anesthesia ensures that you do not experience pain in a certain region of your body while the surgeon is operating. However, it is not the case that all sensations disappear. For example, in some cases you may still feel that you are being touched. Often the pain nerves run together with the nerves that make the muscles work so that they are also temporarily disabled with the anesthesia. The muscles then become temporarily paralyzed; they do not work for a while.

Regional anesthesia is sometimes used as the sole anesthetic during surgery. In this case, you may stay awake during surgery or be given a mild sedative that wears off quickly after surgery.

In other cases, regional anesthesia is used as an adjuvant to general anesthesia with the goal of reducing pain during and after surgery.

In our hospital, the following methods are used for this purpose:

- Spinal puncture
- Epidural lumbar puncture
- Bierse anaesthesia
- Plexus or peripheral nerve block

Each method is briefly explained on the following pages.

## **Spinal puncture**

Spinal anaesthesia is used to render the body below the navel completely numb for several hours. With a very thin needle, a small amount of local anaesthetic is injected between two vertebrae into the space where the spinal fluid circulates. The effect is almost immediate: the legs feel warm and tingly and become heavy. During surgery, you may stay awake or receive a mild short-acting sleep aid.

## **Epidural lumbar puncture**

In our hospital, epidural anaesthesia is used primarily for pain management during and after major chest and abdominal surgeries.

Through a needle, a thin tube (epidural catheter) is inserted between two vertebrae in the area surrounding the spinal cord. This form of anaesthesia is combined with general anaesthesia. After surgery, a pump containing a local anaesthetic is connected to the epidural catheter. This allows pain relief to be maintained for several days.

## **Bierse anesthesia**

Bierse anesthesia is used for short operations ( less than 60 min ) on the hand, forearm or elbow. After an IV is inserted, a rubber bandage is used to massage the blood from the arm to be operated on. Next, a bandage is inflated around the upper arm. A local anesthetic is now injected through the IV, causing the arm to feel warm, tingly and numb within the 5-10 minutes.

The anesthesia of the arm lasts longer than the duration of surgery so this anesthesia also provides postoperative pain relief.

## **Plexus or peripheral nerve block**

In this technique, a limb is numbed by temporarily blocking a nerve or a bundle of nerves (plexus). These nerves are searched for by using an ultrasound machine in combination with a nerve stimulator, or otherwise.

Once the correct location has been identified, a local anaesthetic is injected, causing the limb to become partially or completely numb and lame.

Sometimes, if long-term pain relief is desired, a tube is left in place to which a pump with local anaesthetic can be connected.

Once the anaesthesia wears off, movement and sensation return. Depending on the drug used, it may take several hours for the anaesthetic to wear off completely.

This anaesthesia technique is routinely used for shoulder, elbow, forearm hand, knee and foot surgeries, often in combination with general anaesthesia.

## **Sedation**

Sedation is a light sleep and is usually used for (unpleasant) diagnostic procedures (including gastrointestinal examinations) or in combination with loco-regional anaesthesia.

The medication is also administered through an IV and makes you sleepy and relaxes you physically and mentally. The sleep medication wears off very quickly after the procedure.

# Possible side effects or complications of anaesthesia

Modern anaesthesia is extremely safe. However, as with any medical procedures, complications may occur with anaesthesia. Although we do our utmost to prevent complications, we do not always succeed in doing so.

Serious complications with permanent consequences are very rare. With regional anaesthesia, the possible complications must be balanced against the benefits.

The most common complications are summarized in the overviews on the following pages. Serious and/or permanent complications are so rare that it is difficult to name them in a number. The table indicates whether a complication occurs regularly, sometimes, rarely, very rarely or extremely rarely.

# Possible side effects or complications of anaesthesia

## General anaesthesia

Complications.	How often does it occur*?	Notes.
Nausea or vomiting	Regularly	Often treatable with medication via iv
Sore throat	Regularly	
Shivering after surgery	Regularly	
Slight damage or irritation to tongue or lips	Regularly	
Dental damage	Rarely	Also depends on existing dental abnormalities
Mild irritation to eye/cornea	Rarely	
Nerve damage during general anaesthesia	Rarely	
Confusion after surgery	Rarely to regularly	Depending on age and (mental) health
Being awake or feeling pain during surgery	Very rarely	
Severe allergic reaction	Very rarely	
Death by general anaesthesia	Very rarely	

# Possible side effects or complications of anaesthesia

## Spinal epidural

Complications.	How often does it occur*?	Notes.
Back pain, irritation or bruising at puncture site	Regularly	Usually spontaneous recovery within a few days
Tingling sensation in buttocks and legs 1-2 days after spinal anesthesia	Regularly	Generally within a few days spontaneous recovery
Significant drop in blood pressure	Regularly	Treatable with medication via iv
Nausea and vomiting	Regularly	Treatable with medication via iv
Difficulty or inability to urinate	Regularly	Sometimes (temporary) bladder catheter needed
Insufficient/incomplete pain control epidural	Regularly	If necessary, another method of pain control will be used
Itching	Regularly	
Inadequate anesthesia spinal	Sometimes	in this case general anesthesia is necessary
Headache	Sometimes	
Cardiac arrest	Rarely	
Temporary nerve damage	Rarely to very rarely	
Permanent nerve damage	Very rarely	
Epileptic seizure	Very rarely	
Meningitis	Very rarely	
Abscess in spinal canal	Very rarely	
Bleeding in spinal canal	Extremely rare	
Paralysis of legs, death	Extremely rare	



# Possible side effects or complications of anaesthesia

## Plexus/nerve block

Complications.	How often does it occur*?	Notes.
Irritation or bruising at puncture site	Regularly	Generally within a few days spontaneous recovery
Inadequate anaesthesia for surgery	Sometimes	In this case, mild sedation or general anaesthesia is necessary
Inadequate pain control after surgery	Sometimes	In this case, a different method of pain management is needed
Temporary reduced function of the nerve	Sometimes	Generally recovery within the day, 6 weeks or 1 year.
Epileptic seizure	Rarely	
Collapsed lung	Rarely	Only in some types of nerve blocks of the upper extremities
Permanent nerve damage	Very rarely	
Cardiac arrest	Very rarely	

## Bierse anaesthesia

Complications.	How often does it occur*?	Notes.
Epileptic seizure	Rarely	

\*

- Regular: 1 in 10 or more often
- Sometimes: 1 in 10 to 1 in 100
- Rarely: 1 in 1000 to 1 in 10.000
- Very rarely: 1 in 10.000 to 1 in 100.000
- Extremely rarely: 1 in 100.000 to 1 in 250.000

# Preparation for surgery

First of all, we ask you to fill out the preoperative questionnaire very carefully. This will be reviewed with you during your preoperative consultation.

## By the physician

If you wish, you can visit your family doctor. He or she can help you to carry out the preoperative examinations. The most common preoperative examinations are a blood test and an electrocardiogram.

We ask you to send the examinations and the completed questionnaire to the preoperative consultation at the campus where your operation will take place, at least 5 working days before the operation:

### Campus Aalst

Preoperative consultations, Moorselbaan 164, 9300 Aalst

E-mail: [preoperatieveconsultaties@olvz-aalst.be](mailto:preoperatieveconsultaties@olvz-aalst.be)

Telephone: 053/72.40.50

Fax: 053/72.41.34

### Campus Asse

Preoperative consultations, Bloklaan 5, 1730 Asse

E-mail: [Preoperatieve.Consultaties.Asse@olvz-aalst.be](mailto:Preoperatieve.Consultaties.Asse@olvz-aalst.be)

Telephone: 02/300.60.89

Fax: 02/300.64.65

## At the hospital

If you wish, you can have all examinations carried out at the OLV Hospital. To this end, you can go to the preoperative consultation of the OLV Hospital every working day between 9.00 a.m. and 5.00 p.m., both at the Aalst and Asse campuses.

There, a nurse will go over your pre-operative questionnaire with you and carry out the necessary examinations. If necessary, you can meet with an anaesthetist before the operation. He will then check your medical history and provide an overview of the most appropriate anaesthesia. Please feel free to ask any question that arises at this occasion. Specific arrangements will be made for your home medication, which you may or may not be required to stop in advance.

## The day of surgery

You must be **sober** before surgery to avoid vomiting during and after surgery. This means that you should not eat or drink anything for at least six hours before surgery.

Before surgery you should remove jewellery such as watches, rings, piercings and the like. Also makeup and or nail polish should be removed. Do you have gel nails? Please remove 1 gel nail on each hand. Glasses, contact lenses and dentures should be removed before you go to the operating room.

You can leave valuables in the safe in your room or give them to the nurse for safe keeping. It is best to bring as few valuables to the hospital as possible.

Sometimes it may be necessary to depilate in the area where the operation will take place.

For the procedure, you will be given a surgical shirt. When you are taken to the operating theatre, your identity and a number of other details will be checked at various times (location of the operation, allergies, etc.).

# Fall prevention

Because you are not in your familiar surroundings in the hospital, there is a higher risk of falling. The OLV Hospital does everything possible to prevent you from falling during your stay. Fall prevention revolves around support so you can prevent falling. If you have certain aids at home (e.g. a walker, crutches, etc.), please also use them in the hospital.

## What can you do yourself?

- **Sight.** Have your vision checked regularly at the eye doctor's office (at least once a year). Only wear your own glasses, which are tailored to your vision.
- **Footwear and feet.** Always wear sturdy, closed-toe footwear. Take care of your feet or have them treated regularly by the pedicurist.
- **Health.** Poor medical condition increases the risk of falls. Consult your doctor so that conditions, such as pain and dizziness, can be treated in a timely manner.
- **Adequate exercise.** With little exercise, you lose muscle strength, flexibility, and your overall fitness level goes down. This increases your risk of falling. Try to get enough exercise daily.
- **Fear of falling.** Fear of falling often causes people to move less. Make arrangements with family and/or neighbours so they can check on you from time to time to make sure everything is okay. Provide a cell phone that is always nearby or a personal alarm.
- **Medication and alcohol.** The more medications you take, the greater the risk for unwanted effects, this is especially true with sedatives and sleep aids. Always consult your doctor to make sure you are taking the right medicine and the right amount. Avoid or limit the use of alcohol.

- **Safe behaviour.** Avoid impulsive, brusque movements. Be attentive while stepping. Use walking aids correctly.
- **Safe environment**
  - Always provide adequate light in each room.
  - Avoid loose wires.
  - Remove material on the floor.
  - Remove carpets or mats.
  - Arrange your cabinets practically and at grab height.
  - Use chairs with a good seat height and sturdy armrests.
  - Use stable steps with handrail

## Pain management

The pain experienced after surgery varies from patient to patient and from surgery to surgery. The pain after surgery is usually limited in duration and will subside after a few days.

Pain medication is already initiated during surgery and will continue in the recovery room and the accommodation unit. There are different types of painkillers and ways to relieve your pain. The anaesthesiologist will determine, based on your medical history and anaesthesia used, which pain management method is best for you. Sometimes you may be allowed to administer pain medication yourself. This depends on the type of surgery you are having. The necessary information will be given to you in such case.

## After the procedure

After the procedure, you will be taken to the recovery room. Here you will once again be connected to monitoring equipment and remain under the supervision of the anaesthetist and a team of specialized nurses.

If you have been fully anaesthetized you may still feel sleepy after the operation and nod off occasionally. This is perfectly normal. As soon as you are sufficiently awake or as soon as the regional anaesthesia has worn off sufficiently, you will return to your room on the ward. You may not leave your bed without the assistance of a nurse, in order to prevent falls.

## Prepare for your return home

If you are hospitalized after your procedure, you will have plenty of time to prepare for your returning home. However, with surgery via day clinic, it is important that you take certain things into consideration beforehand.

For the first 24 hours after discharge from the day clinic:

- **do not** stay alone at home! An adult should remain with you and should be able to notify the family doctor or the hospital if necessary in case of problems
- **Do not** drive a vehicle: arrange your transport home in advance!
- **Do not** drive or operate machinery
- **Do not** take important decisions or sign documents, especially those of a legal nature
- **Do not drink alcohol** (we recommend that you drink plenty of water).
- **do not** take any sedatives unless they have been expressly prescribed by the anaesthesiologists.

Upon your discharge from the day hospital, you will be asked to sign a document (see opposite) confirming that you will comply with the prescribed safety measures.

**Voor uw eigen veiligheid verklaart u:**

- Ik heb duidelijke afspraken gemaakt met een persoon die me na mijn ontslag ophaalt uit het ziekenhuis.
- Ik weet dat ik in geen geval zelf een voertuig mag besturen.
- Ik verblijf de eerste nacht na de ingreep op het volgende adres:  
.....  
.....
- De volgende persoon zal me op bovenstaand adres de eerste nacht na de ingreep begeleiden:  
.....  
.....

Telefoonnummer .....

**Contactgegevens** 

**Dagziekenhuis Campus Aalst (X3Noord)**  
Onze-Lieve-Vrouwziekenhuis - Moorselbaan 169 - 9300 Aalst  
Tel.: 053 72 41 25 - Openingsuren: Ma tot vrij: van 7u tot 20u

**Dagziekenhuis Campus Asse**  
Onze-Lieve-Vrouwziekenhuis - Bloklaan 6 - 1730 Asse  
Tel.: 02 300 62 85 - Openingsuren: Ma tot vrij: van 7u tot 20u

**Dagziekenhuis Campus Ninove**  
Onze-Lieve-Vrouwziekenhuis - Biezenstraat 2 - 9400 Ninove  
Tel.: 054 31 21 05 - Openingsuren: Ma tot vrij: van 7u tot 18u

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Take it easy at home for the first 24 hours after surgery. It is quite common that you do not feel fit for some time after surgery. This is not only due to the anaesthesia but also to the radical event that every operation represents. The body must recover at its own pace. Recovery takes time.

## In conclusion

If you have any questions or comments after reading this information brochure, please feel free to speak to your doctor or a nurse.

We wish you a speedy recovery.

## Contact details

### Campus Aalst

Preoperative consultations,  
Moorselbaan 164

9300 Aalst

E-mail:

preoperatieveconsultaties@  
olvz-aalst.be

Telephone: 053/72.40.50

Fax: 053/72.41.34



### Campus Asse

Preoperative consultations,  
Bloklaan 5

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Telephone: 02/300.60.89

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Disclaimer

*The information in this brochure is of a general nature and is intended to give you a rough idea of the care and education you can expect. In every situation, including yours, different advice or procedures may apply. This brochure does not replace the information you have already received from your doctor, which takes into account your specific situation. Are there any questions after reading this brochure write them down if necessary and in any case discuss them with your treating physician.*

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Approved by doctor (name)