



Date: ____/____/____
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INFORMATION LEAFLET FOR ANAESTHESIA

This pamphlet aims to introduce to you the different types of anaesthetic and some of the problems that may occur with your anaesthesia.

Introduction

Anaesthesia is used to remove pain and sensation so that surgical operation can be performed. Anaesthesiologists are doctors who had specialist training in anaesthesia, treatment of pain, and in the care of seriously ill patients. Your anaesthesiologist will be there to administer the anaesthetic drugs, monitor your condition, and provide necessary pain relief and other treatment throughout your operation.

General Anaesthesia

In general anaesthesia a mixture of drugs is used to keep you unconscious and pain free during your operation. Usually the drugs are injected intravenously into a vein. Anaesthetic gases can also be breathed into the lungs. A breathing tube may be put through your mouth to help with your breathing while under the anaesthesia. At the end of the operation, once the anaesthetic drugs wear off, you will regain consciousness.

Local or Regional Anaesthesia

Local anaesthesia means injection of drugs to numb a small area of your body. Regional anaesthesia means blocking the nerve supplies to numb a larger part of your body for example using epidural and spinal anaesthesia. For epidural and spinal anaesthesia, you may be asked to curl up and lie on your side, the drug will be delivered through a needle inserted in between the vertebra. With local or regional anaesthesia, you have the choice of being awake or sleepy. The anaesthesiologist can use medication to make you feel relaxed or sleepy if you prefer.

Risks of Anaesthesia

Modern anaesthesia is generally very safe. However every anaesthetic has a risk of side effects and complications. While most of these are usually temporary, some of them can cause long-term problems. The risk to you will depend on whether you have any other illness, your personal factors such as whether you smoke or are overweight, and the length and complexity of your surgery. Therefore it is important to know about your medical history, your medications, any history of drug allergy, and any previous problem with anaesthesia.

(a) **General risks / complications**

- ◆ Minor problems are common, including but not limited to nausea and vomiting; general aches and pains; shivering; headache; dizziness; post operative pain and pain at injection sites; sore throat; and damage to teeth & lips.
- ◆ Serious complications from anaesthesia are uncommon, including but not limited to breathing difficulties; stroke or brain damage leading to permanent disability; strain on the heart,

resulting in heart attack; aspiration and serious chest infection; anaphylactic drug reactions; and awareness whilst under general anaesthesia.

* Some of these serious complications can be fatal

(b) **Any risks relevant to the patient**

- ◆ Risks may be increased due to co-existing problems such as:-
Diabetes; high blood pressure; heart disease; kidney disease; respiratory disease including asthma; common cold or influenza; smoking; overweight and elderly

(c) **Specific risks / complications associated with regional / spinal anaesthesia / local / epidural anaesthesia are uncommon. They include:**

- ◆ Block may not work or work only partially, requiring supplementary anaesthesia
- ◆ Block may be too extensive requiring cardiovascular and respiratory support
- ◆ Headache after spinal or epidural anaesthesia
- ◆ Pain, bleeding or infection at site of injection
- ◆ Damage to spinal cord, adjacent nerves, blood vessels or organs
- ◆ Paraplegia / paralysis

Blood transfusion may be needed during the operation to replace large blood loss. Please consult your doctor if you are concerned about receiving blood transfusion.

Remarks

The above is general information only. The list of complications is not exhaustive and other unforeseeable complications may occasionally occur. The risk in certain group of patients may be different. For further information please contact your Anaesthesiologist.

I acknowledge that the above information concerning the anaesthesia have been explained to and discussed with me by the medical staff and I fully understand them.

Patient's signatureID/Passport No. Date/...../.....
DD MM YY

日期: ____/____/____
日 月 年

麻醉程序資料單張

本資料單張旨在向你介紹不同類型的麻醉程序，以及部份於施行麻醉期間所遇到的情況。

簡介

麻醉用以免除病者的痛苦及感覺，使手術順利進行。所有麻醉科醫生均曾接受嚴謹的醫學訓練，包括麻醉專科訓練、疼痛治療及照顧病重人士等。麻醉科醫生會在手術期間負責控制麻醉藥的份量，監控整個程序，並在有需要時協助病人舒緩痛楚或提供合適的治療。

全身麻醉

麻醉科醫生會混合數種藥物令病人在手術期間失去知覺，或完全沒有感覺。藥物通常是經由靜脈注射，或以氣體方式吸入肺部。在麻醉期間，麻醉科醫生可能會將喉管經由病人的口中插入以助呼吸。麻醉藥會在手術完結後漸漸消退，病人亦會逐漸甦醒過來。

局部或區域麻醉

局部麻醉是指將麻醉藥注射入施行手術的小部份中，而區域麻醉是指將局部麻醉藥注射在一束神經的周圍，讓該部位變得麻木。兩種最常見的局部或區域麻醉方式為硬膜外麻醉及脊椎麻醉。在施行麻醉前，病人或需按指示抱膝弓身側臥，讓麻醉醫生於腰椎的椎骨間進針。在施行此兩種麻醉方式下，病人可選擇於施行手術期間保持清醒或進入睡眠狀態。麻醉科醫生亦可按病人意願，協助病人放鬆心情或使其進入睡眠狀態。

麻醉之風險

近代的麻醉技術非常安全，然而每種麻醉方法也有其引致副作用或併發症的可能。雖然大部份影響也是暫時性，其中也有機會引致長期性的問題。麻醉的風險主要視乎病人有否患上其他疾病或一些個人因素，例如抽煙、過重、手術的時間及手術之複雜程度等。因此，醫生必須清楚瞭解病人的醫療記錄、藥物療程、藥物過敏史，以及過往於施行麻醉時曾遇到的問題等。

(a) 一般風險或併發症

- ◆ 常見的輕微併發症包括，但不限於噁心和嘔吐、一般疼痛、顫抖、頭痛、頭暈、手術後疼痛、注射部位疼痛及喉嚨痛
- ◆ 不常見但可能嚴重的併發症包括，但不限於呼吸困難、因中風或腦部受損而引起的永久性傷殘、心臟受壓而導致的心臟病、藥物性過敏反應、牙齒與嘴唇受損，以及在全身麻醉下仍有部份意識

* 個別嚴重併發症可導致死亡

(b) 針對該病人的風險因素

- ◆ 風險會因病人的個別情況而提升：
糖尿病、高血壓、心臟病、腎病、呼吸系統疾病，包括哮喘、傷風和感冒；抽煙、過重及年老等

(c) 由局限性 / 脊椎 / 局部 / 硬膜外麻醉引致的罕見風險/併發症包括：

- ◆ 麻醉 / 局部麻醉未能發揮作用，而需要額外麻醉程序
- ◆ 麻醉過強而需要在心血管及呼吸方面的輔助治療
- ◆ 脊椎或硬膜外麻醉後引致頭痛
- ◆ 注射部位疼痛、出血或感染
- ◆ 脊椎、鄰近神經、血管或器官之損傷
- ◆ 截癱 / 癱瘓

手術期間，病人或因失血過多而需要接受輸血。若閣下對輸血有任何疑問，請向閣下之主診醫生查詢。

備註

以上內容為一般性資料，未能詳細列出所有風險或併發症，以及一些未能預測的偶發性風險或併發症因素，而且風險或併發症因素也因人而異。若需更多相關資訊，請聯絡閣下之麻醉科醫生。

本人確認醫生已解釋是項程序的資料，並解答所提出的相關問題，本人完全明白上文之內容。

病人簽署 _____ 身份證 / 護照號碼 _____ 日期 _____ / _____ / _____
日 月 年