

**SANITARY ACT: ANAESTHESIOLOGY TECHNIQUE**  
**GENERAL ANAESTHESIA/REGIONAL ANAESTHESIA /SEDATION**

TRIESTE, .....

Department of Surgery

Anaesthesia and Reanimation Division

**PART A**

I/we.....  
the ☐patient ☐mother ☐father ☐parents ☐guardian ☐other (specify) .....  
and person responsible for the data given below:

**IDENTITY DATA****Identity data of  
the patient**

Etichetta

Surname ..... Name.....

Born in.....on the .....

Resident at .....Postal code.....

Address.....

**Identity data of the  
parent/guardian\*:***Nome e cognome dei genitori*

Mother's Surname ..... Name.....

Born in..... on the.....

Resident at ..... Postal code.....

Address.....

Father's Surname ..... Name .....

Born in..... on the.....

Resident at ..... Postal code.....

Address.....

*Appointed Guardian*

Surname ..... Name .....

Born in ..... on the .....

Resident at ..... Postal code.....

Address.....

*\*For minors both parents or the legally appointed guardian must necessarily give their consent. This premise may not be modified even in the case of a minor committed to the custody of one of his parents, should they be separated or divorced according to their own declaration. The minor's opinion may be taken into consideration, should his age and level of maturity be deemed appropriate.*

*\*If only one of the two parents is present, he/she will have to declare, on his/her own responsibility, the absence of the absent parent by filling in the self declaration form (Mod.0199)*

*\*In the case of a legal representative the documentation indicating conferred powers will have to be enclosed*

**I/WE DECLARE  
DICHIARO/DICHIARIAMO**

We declare that we have been clearly informed and understood by Dr \_\_\_\_\_  
with support of the mediator Mr/Mrs/Miss \_\_\_\_\_

Istituto di Ricovero e Cura a  
Carattere Scientifico pediatrico  
**Burlo Garofolo**

Ospedale di alta specializzazione e di rilievo  
nazionale per la salute della donna e del bambino

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of the following SANITARY ACT: According to the act bellow

**DIAGNOSIS / CLINICAL CONDITION****SANITARY ACT****ANAESTHESIOLOGY TECHNIQUE**

- 1. GENERAL ANAESTHESIA**
- 2. LOCO REGIONAL ANAESTHESIA**
  - 2.1 SPINAL ANAESTHESIA**
  - 2.2 EPIDURAL ANAESTHESIA**
  - 2.3 PERIPHERAL BLOCK**
  - 2.4 COMBINED ANAESTHESIA (GENERAL OR SEDATION PLUS LOCO-REGIONAL)**
- 3. SEDATION**

**1. GENERAL ANAESTHESIA**

General anaesthesia totally suppresses consciousness and eliminates the feeling of pain. The technique consists in the administration of a anaesthetic gas and/or of intravenous anaesthetic agents together with various drugs, among which narcotics, analgesics, psychotropic and muscle paralyzing drugs.

This administration is applied through assisted respiration either by way of a tube inserted in the trachea or a laryngeal mask that should allow manual or mechanical respiration during the whole operation.

**RESULTS TO BE EXPECTED (FAVOURABLE) OF THE PROPOSED TREATMENT**

The anatomical or surgical need to control air passages requiring safety measures renders such a technical method the best warrant on offer.

**EVENTUAL RISKS AND COMPLICATIONS OF THIS TREATMENT**

Nausea and vomiting, arrhythmic heartbeat, falling blood pressure, lung edema, dental damage, bronchial spasm, trauma in the air passages, hypo/hyperglycaemia, electrolytic alterations, cerebral damage from lack of oxygenation or serious hypo-tension. More serious complications incidence varies between 1.5 and 5 every 100.000 anaesthesia administrations and may increase due to concomitant diseases and other types of treatments.

General anaesthesia and sedation can cause alterations in sound and voice perceptions or can generate the occurrence of dreams. Such phenomena occur with a frequency of 0,2-0,4 % of cases.

**EVENTUAL ALTERNATIVES (INCLUDING BENEFITS AND RISKS)**

**2. LOCO REGIONAL ANAESTHESIA**

Abolishes the feeling of pain in certain parts of the body, but does not suppress consciousness. In this technique local anaesthetics or other drugs are used to obtain anaesthesia or analgesia only on the part to be operated. Sometimes before the procedure it may be necessary to resort to a general inhalant and/or intravenous anaesthesia, in non-collaborating patients. The substances for loco-regional anaesthesia and or pain-killers (e.g. Opioid) may be administered in repeated single (spinal or caudal) doses, or continuously through a thin (epidural) catheter.

Should the effect and/or the duration of the regional anaesthesia be insufficient or if the diffusion excessive it could be necessary to pass on to proper general anaesthesia.

**RESULTS TO BE EXPECTED (FAVOURABLE) OF THE PROPOSED TREATMENT**

Local application of the anaesthesia, minor potentially toxic effects for the patient, low incidents of collateral effects.

**RISKS AND EVENTUAL COMPLICATIONS OF THE TREATMENT**

Spinal anaesthesia is associated with a lowering blood pressure in the arteries (33%), reduction in heartbeat frequency (13%), nausea (18%) and headache (3,9 %). More serious complications are extremely rare.

Epidural anaesthesia can cause areas of numbness in the lower limbs or motility variation: incidence varies from 1.6 to 2 cases every 10,000.

Such incidence has been reduced over the last few years.

The most serious type of complication, epidural haematoma, can appear in 1 case for every 100-150.000 epidural anaesthesias.

**EVENTUAL ALTERNATIVES (INCLUDING BENEFITS AND RISKS)****2.1 SPINAL ANAESTHESIA**

The injection is applied in the subaracnoid space i.e. in the cerebra-spinal liquid of the lumbar spinal column, local anaesthesia often precedes this application, the effects are evident in a few minutes.

**2.2 EPIDURAL ANAESTHESIA**

The injection is applied to the epidural space (between the dura mater and the spinal column wall) where a thin level catheter is positioned at the level :

- of the lumbar spinal column (lumbar epidural anaesthesia)
- of the thoracic vertebral column (thoracic epidural anaesthesia)
- of the sacred bone (caudal epidural anaesthesia). In location, a single dose of drugs is administered; more rarely a tiny catheter is introduced.

The effect is never felt before 15 minutes.

Usually, the injection is painless as it is preceded by local anaesthetics.

The advantage of this technique is to allow for a better post-operative pain control.

The two techniques (spinal and epidural) may be applied jointly, with the advantage of an earlier and more lasting anaesthetic effect.

**2.3 PERIPHERAL BLOCK**

This method consist of anaesthetizing a peripheral nerve or nerve plexus intersection (eg. block of the penis, of the hand, of the foot, of the cervix, of the brachial plexus etc.).

**RESULTS TO BE EXPECTED (FAVOURABLE) OF THE POPOSED TREATMENT**

Maximum sectoral basis and therefore less anaesthetic toxicity.

**RISKS AND EVENTUAL COMPLICATIONS OF THE TREATMENT**

The anaesthetic can be injected into a blood vessel thus spreading and unleashing a convulsive fit or serious cardioid's-circulatory reactions (very rare event), haematoma, injury to peripheral nerves and variations, often transitory, of sensitivity of the area involved in 1,9 cases out of 10.000.

**EVENTUAL ALTERNATIVES (INCLUDING BENEFITS AND RISKS)****2.4 COMBINED ANAESTHESIA (GENERAL OR SEDATION PLUS LOCO-REGIONAL)**

The combination of general anaesthesia and regional anaesthesia reduces the necessity for general anaesthetics, shortens the arousal phase and assures a more ample abolition of the pain sensitivity after the surgical operation. This is practiced whenever a loco-regional anaesthesia technique alone is not possible (e.g. Children), for the intubation of the patient or whenever there is a need for proper control of post-operative pain.

**3. . SEDATION**

In this technique sedatives and hypnotics, that induce a partial abolition of consciousness, are administered.

Often medications that calm or abolish pain are administered. When necessary local anaesthesia is also used.

**NO ANAESTHESIOLOGY PROCEDURE CAN HOWEVER BE DEVOID OF RISK, EVEN WHEN APPLIED BY CAREFUL AND PRUDENT PROFESSIONAL EXPERTS**

**FURTHER INFORMATION REGARDING ANAESTHESIOLOGY****ANALGESIA AFTER THE OPERATION**

An adequate postsurgical analgesia is always guaranteed in the first 24 – 48 hours after an operation by intravenous and epidural drugs administration

**OTHER PROBLEMS**

In the postsurgery period some medications not yet unregistered for pediatric use in Italy may be administered in various ways (orally, intravenously, etc); however their use is proved by scientific evidence and they are used in many pediatric hospitals.

**CONCOMITANT AND SUCCESSIVE PROCEDURES**

Before, during and after the operation, non risk-free, invasive manoeuvres may be necessary and in particular:

**1. Insertion of peripheral or central venous catheters (CVC)**

The insertion of venous catheters in the peripheral areas or in the big central vessels allows for the injection not only of medications used for anaesthesia but also glucosaline solutions and therapeutic substances.

Incidence of complications arising from intubations of central veins, such as haematoma, air entering veins, lung tissue trauma, infections, fluctuates between 2 and 15%.

**2. Injection of blood derivatives**

Only when clinical conditions require blood transfusions or blood derivatives they will be administered, respecting the legislation on Good Use with the Informed Consent form previously filled in.

**3. Insertion of an arterial catheter .**

In order to facilitate artery pressure relief and for drawing blood.

**4. Insertion of a epidural catheter.**

For the administration of post-operative analgesia.

## **PART B**

### **CONTINUA FURTHER INFORMATION REGARDING ANAESTHESIOLOGY**

#### **PRE-OPERATION FASTING**

Before surgery the patient must observe the precautions as given in the enclosed document (mod 0221).

#### **POST-OPERATION**

At the end of the operation the patient will be held in observation, for the time necessary, in the Recovery Room<sup>1</sup>.

When his/her condition is deemed safe, he/she will return to the ward. If he/she still needs prolonged clinical and instrumental monitoring he/she will be transferred to the Intensive Care Unit, according to the instruction of the anaesthesiologist.

### **NOTES**

## **PART C**

### **INFORMED CONSENSUS ACQUISIZIONE DEL CONSENSO**

**I/WE DECLARE**  
DICHIARO/DICHIARIAMO

My/our understanding that I/we may revoke the present consensus at any time before the Health Act/treatment and to:

☐ **ACCEPT/ACCETTARE**

☐ **/NOT ACCEPT/NON ACCETTARE**

Freely, spontaneously and conscientiously my/our consensus):

- ☐ **GENERAL ANAESTHESIA/ANESTESIA GENERALE** (cross out the corresponding box)

☐ **LOCO-REGIONAL ANAESTHESIA/ANESTESIA LOCO REGIONALE**

☐ SPINAL ANAESTHESIA/ANESTESIA SPINALE

☐ EPIDURAL ANAESTHESIA/ANESTESIA EPIDURALE

☐ PERIPHERAL BLOCK/BLOCCO PERIFERICO

☐ COMBINED ANAESTHESIA/ANESTESIA COMBINATA (GENERAL OR SEDATION PLUS LOCO-REGIONAL/GENERALE O SEDAZIONE PIÙ LOCO-REGIONALE)

☐ **SEDATION/SEDAZIONE**

With reference to:

(cross out the corresponding box)

- ☐ **SURGICAL OPERATION(specify)/INTERVENTO CHIRURGICO** .....

LATERALITY ☐ NP ☐ LEFT ☐ RIGHT LOCATION .....

☐ **DIAGNOSTIC EXAMINATION /ESAME DIAGNOSTICO** .....

<sup>1</sup> post-anesthesia care unit

## **PARTE C**

Proposed for:

(cross out the corresponding box)

- ☐ MYSELF/ME STESSO  
☐ MY/OUR MINOR SON/DAUGHTER MIO FIGLIO/A MINORE  
☐ .....

I WE HAVE BEEN INFORMED THAT THE ANAESTHESIOLOGY TECHNIQUE PROPOSED ABOVE MAY UNDERGO MODIFICATIONS WHENEVER NECESSARY DURING THE OPERATION SHOULD UNPREDICTABLE ANATOMIC-PATHOLOGICAL AND SURGICAL CHANGES OCCUR.

I declare that I have been informed that the health condition of:

(cross out the corresponding box)

- ☐ MYSELF/ME STESSO  
☐ MY/OUR MINOR SON/DAUGHTER MIO FIGLIO/A MINORE  
☐ .....

The person concerned has been in sorted in:

CLASS ASA/ .....

and that the risk related to the operation is:

(cross out the corresponding box)

- ☐ NORMAL/NORMALE  
☐ HAS INCREASED/AUMENTATO

Date	Legible signature of the patient and/or of his legal guardian
Other person (specify)	The Doctor (Legible signature and stamp)

## **PART D**

### **RIGHT OF REVOCATION**

DIRITTO DI REVOCA

**I/WE DO HEREBY DECLARE MY/OUR WISH TO REVOKE MY/OUR CONSENT**

DICHIARO/DICHIARIAMO DI VOLER REVOCARE IL CONSENSO

The undersigned .....

the ☐patient ☐mother ☐father ☐parents ☐guardian ☐other (specify) .....

Date	Legible signature of the patient and/or of his legal guardian
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