Explanation of General Anesthesia

This form is to describe the purpose, procedure, risks, etc. about the general anesthesia necessary for the operation and treatments of the patient, Mr./Ms. ____________. If you have any questions after the explanation, please feel free to ask anything.

1. Date of Explanation: ____________

2. Doctor who explained: ______________

3. Person/s who received the explanation:

(1) In case of the patient is capable of judgment:
Patient (You): ______________
Attendant/s: ______________ (Relation: ____________)

(2) In case of the patient not capable of judgment.
Legal guardian: ______________ (Relation: ____________)
Attendant/s: ______________ (Relation: ____________)

1. Name of Disease and Clinical Condition
Your primary doctor will explain them to you.

2. Purpose, Necessity and Efficacy of General Anesthesia
You need the general anesthesia for your operation and examination.

3. Procedure, Character and Precautions of General Anesthesia
What is the “general anesthesia”? It is a way to take away the pains during operations or examinations, and to protect patients’ bodies and minds from stress.

There are two ways of anesthesia. One is to sleep by inhaling anesthetic gas using the astronaut-like anesthetic masks. The other is to sleep by the IV drip containing anesthesia. For the pediatric patients, sleeping using masks without pain are chosen in many cases. In those cases, the IV drip is given in the patients after they fall asleep. Because the spontaneous breathing of the patients is also weakened during anesthesia, the most of the pediatric patients are inserted the breathing tubes in their mouths all the way to the back of their throats for the artificial respiration. While inhaling oxygen and anesthetic gas through those tubes, they receive the operations or examinations unconscious and without the pain.

The general anesthesia can be the especially favorable for children, as it does not leave them fears or memory of the operation.

In cases of suspending anesthesia
Your child with a cold: Your child might cough during anesthesia or his/her throat might swell after the operation. In that case, we will postpone the operation until s/he becomes in good physical condition, except for the emergency operations.
Your child within 3 weeks of vaccination / after recovering from pneumonia: It may be better to postpone the operations or examinations during these periods. Your child may seem fine as usual, but his/her resistance to diseases is reducing inside his/her body at these periods.

Your child contacting with contagious diseases (e.g. Chicken pox, measles, mumps, influenza, etc.): Your child may be in the incubation period with no symptoms. Please consult with your primary doctor.

We will administer anesthesia the best ways for your child with all the various factors considered.

**Diet restriction before anesthesia**

It is dangerous if the food remains in the stomach. Different from sleeping, it can easily cause vomiting under anesthesia. If these vomits get into the lungs or the tracheas, they could choke the patients or cause critical pneumonia. That is why it is very important to keep your stomach empty before the anesthesia.

Your anesthetist will restrict your food and drink on the day of your operation for the reason above. Thank you for your full observation of the diet restriction as this is very important to administer anesthesia safe.

**Pretreatment before anesthesia**

We will give the patient a tranquilizer between 30 minutes to an hour before entering the operation room. Some pediatric patients may feel dizzy from it. For that reason, please attend on your child and watch for him/her from this time.

**Treatments along with anesthesia**

To administer the general anesthesia, some treatments are also necessary with it. They are: electrocardiogram, blood pressure measurement, transdermal oxygen monitor, body temperature measurement, carbon dioxide monitor, tracheal intubation, peripheral venipuncture (IV drip), arterial puncture, central venipuncture, transesophageal echocardiography, bronchoscopy, urine volume measurement, nerve block, epidural anesthesia, etc. Necessary treatments are chosen in consideration of the operation procedure and the condition of your child.

Sometimes blood transfusions are also required for surgical bleeding. We keep the volume of the transfusion at the minimum dose, and administer the rest with the screened blood derivative instead. We will consult with your primary doctor and decide the use of the blood derivative.

**After operations / examinations**

Most of the pediatric patients can breathe on their own normally after anesthesia. They return to the patient rooms without the breathing tubes into the back of their throats. They are with IV drip into their hands/feet when they come out of the operation rooms. Some of them can talk fully awake or are crying lustily, but the most of them are still asleep at that time. Some of them are in a state of excitement when awaking from anesthesia, but they gradually calm down. If they start feeling pain at the moment of awakening, we will treat with soothing suppositories or painkilling injections.

If the patients have some diseases with hearts or lungs, or have just had major operations, they may return to the intensive-care unit with keeping their breathing tubes into the back of their throats.

4. **Risks with Use of Anesthesia and its Incidence Rate**

There are various medicines used as anesthetics. The medicines might develop side effects in rare occasions. Especially, the malignant hyperpyrexia, rising of the rapid body temperature, can
cause critical complications. This symptom has a certain level of genetic predisposition. Please let
us know if any of your family members or relatives has experienced unusual reactions such as
high fevers, muscle rigidity or shock to medicine, anesthesia or operations before. In addition, the
critical medication allergy can also cause shock. Please let us know if you have any concerns
regarding the constitution of your child, allergies and so on.

It is also possible in rare occasions to chip or loosen teeth, while inserting the breathing tubes in
their mouths or subconsciously clenching their teeth. Inserting the breathing tubes into the back of
their throats might also cause hoarseness.

The anesthetics might cause the blood pressure reductions or irregular heartbeats. You don’t
have to worry, however, that we administer anesthesia under control whenever necessary. Most of
the pediatric patients are strong enough to endure the anesthesia. The pediatric patients with
heart diseases are unfortunately much influenced by the anesthetics. We administer more
careful anesthesia to them for that reason.

In case of developing nausea and vomiting after their operations, your anesthetist might delay
the removal of restrictions on food and drink.

**Conclusion**

With the development in the anesthetic techniques and monitors, the safety of the anesthesia
has dramatically improved. However, the death only from anesthesia unfortunately happens once
in about 100,000 cases. (Survey by Japanese Society of Anesthesiologists) All anesthetists
attempt to take great care in the safety during the anesthesia and to respond appropriately. Our
pediatric anesthetists always pay attention to your child at his /her side also here at this hospital.
When the patients require special attention, two or more anesthetists attend on one pediatric
patient and take all possible measures to administer anesthesia. Even so, if anything urgent
happens, our pediatric anesthetists attempt to respond appropriately.

We might use medical information about patients in research, medical conference
presentations and publishing papers as strictly masked data here at this hospital. We
appreciate your understanding and help in this matter.

5. **Interchangeable Methods**

We believe the general anesthesia is necessary for the operation (and the examinations.)

6. **Possible Prognosis Without Any Operations (or Examinations)**

Please consult with your primary doctor.

7. **Cancellation of the Consent on Your General Anesthesia**

It is possible for you to cancel the general anesthesia until it is started, even after your giving the
letter of informed consent in us once. In that case, please contact the telephone number below
and inform accordingly.

8. **Contact Information**

Please contact the telephone number below:

- If you have any questions or doubts about the general anesthesia
- If you ask for a second opinion on the general anesthesia
- If anything urgent happens after the examinations (or treatments.)
Letter of Informed Consent

Dear Mr./Ms. ________________________________

For Mr. / Ms. ____________________________, to receive the general anesthesia, I have received an explanation of all the information stated in the directions from the doctor below, and fully understood the contents. I have also received enough time to discuss whether to receive this examination (treatment) or not. Thus, I hereby consent to receive this examination (treatment) for free will.

I have also received counterparts of both the directions and this letter of informed consent as well.

- Name of Disease and Clinical Condition
- Purpose, Necessity and Efficacy of Examination (Treatment)
- Procedure, Character and Precautions of Examination (Treatment)
- Risks with Examination (Treatment) and Its Incidence Rate
- Risks with Interchangeable Examination (Treatment) and Its Incidence Rate
- Possible Prognosis Without Any Examinations (Treatments)
- Cancellation of Consent on Examination (Treatment)
- Contact Information (e.g. Second opinion requests, emergencies, etc.)

(Examination)
Date Explained : Heisei (20 ) yy mm dd

Doctor who explained :

(Consent)
Date Consented : Heisei (20 ) yy mm dd

Patient Consented (Yourself) :

(Legal Guardian) : (Relation : )