DR STEPHAN KLEYN

SPECIALIST ANAESTHESIOLOGIST

MBChB (Stell) | DA (SA) | FCA (SA) | MMed (Anaes) (UCT)

PLACE PATIENT STICKER HERE

drskleyn@capea.co.za | Cape Town, South Africa

Anaesthetic Information and Consent

General information

1. For your safety, you must refrain from eating or drinking (except clear fluids) for six (6) hours before your procedure.
2. Clear fluids (water, clear apple juice, black tea or black coffee) may be taken up to two (2) hours before your procedure.
3. Formula milk – stop feeding 6 hrs before surgery, breast milk – stop feeding 4 hrs before surgery
4. Bring a list of all chronic medications and supplements, and the results of any investigations that may be helpful in planning your anaesthetic (e.g. heart, lung, thyroid and other blood tests).
5. Bring your current medication to the hospital, as this may need to be continued during your stay. Please bring your CPAP mask if you have Sleep Apnoea.
6. Take your routine medication as normal unless instructed otherwise. If you are taking blood thinners (e.g. Warfarin, Rivaroxaban (Xarelto), Eliquis (Apixaban), Clopidogrel (Plavix), Aspirin or Ecotrin) consult with your surgeon and/or prescribing doctor about whether to stop these before the procedure.
7. Patients taking GLP-1 receptor agonists (e.g. Ozempic, Wegovy, Mounjaro or similar) must stop these 7 days prior to surgery due to the increased risk of aspiration during anaesthesia. If you have taken a dose within 7 days, please inform your anaesthetist, as your procedure may need to be postponed for safety reasons.
8. If you have an implanted pacemaker or defibrillator device, please inform your surgeon or anaesthetist prior to the day of surgery.
9. Please DO NOT withhold any medical information. It is critically important that your anaesthetist knows everything about you.
10. If you have a medical condition, are unwell, or wish to discuss anything with the anaesthetist, please make contact before the day of surgery or ensure you are admitted to the ward at least one hour before the start of the list.
11. Do not drive, operate heavy machinery, utilise social media, be responsible as a sole care provider for infants/small children, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.
12. Avoid alcohol for 24 hours after your anaesthetic and until you have stopped all post-operative prescribed medication.
13. If you are admitted later than the start time of a surgical list, I will only be able to see you in the theatre waiting area.
14. Please note that while your surgery will have a scheduled start time, delays may occur due to unforeseen circumstances. Your patience is appreciated.

Anaesthesia is generally safe, but there are risks that may arise. Complications can range from mild to serious. Anaesthesiologists have been trained to manage these complications. If a complication persists for more than 48 hours, please inform your anaesthetist or surgeon immediately.

COMMON COMPLICATIONS (0.10% or 1 case)	RARE COMPLICATIONS (Less than 1 in 1 000 cases)	VERY RARE COMPLICATIONS (1 in 10 000 to 1 in 200 000 cases)	EXTREMELY RARE (Less than 1 in 250 000 cases)
• Equivalent to someone in your family • Minimal treatment is usually required • Nausea and vomiting • Sore throat • Shivering or feeling cold • Headache • Dizziness • Itching • Pain during drug injection • Swelling or bruising at the drip site • Confusion or memory loss	• Equivalent to someone in a village or small town • May require further treatment • Injuries to teeth, crowns, tongue, lip, mouth • Hoarseness, vocal cord damage • Muscle pain • Difficulty urinating • Difficulty breathing • Visual disturbances • Worsening of underlying medical condition • Side-effects of post-operative medications • Pressure-related injuries	• Equivalent to someone in a large town or city • May be serious with long-term effects • Eye injury • Nerve injuries causing paralysis • Awareness under anaesthesia • Bleeding • Stroke • Allergic reactions or anaphylaxis • Lung infections • Unexpected drug reactions • Inherited reactions to drugs (Malignant hyperthermia, Scoline apnoea, Porphyria)	• Often serious with long-term effects • Death as a direct result of the anaesthetic • Brain damage • Heart attacks • Embolic (clots) • Hypoxic injury (due to lack of oxygen)

Complications arising due to procedures that may be performed during your anaesthetic:

PROCEDURE	COMPLICATION
Intravenous line (IV)	Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions if IV not working adequately
Central line for monitoring or therapy	Pain, swelling, bleeding, inflammation, infection, repeated insertions, puncture of lung, artery or nerve, clots
Arterial line for specialised monitoring	Pain, swelling, bleeding, inflammation, infection, repeated insertions, loss of blood flow to the hand leading to death of fingers
Airway management	Damage to lips, teeth, tongue, palate, throat, vocal cords, hoarseness, irritation of stomach contents (aspiration), pneumonia, obstruction of breathing, failure to maintain the airway requiring an operative procedure
Nerve blocks, spinal or epidural injection	Back pain, non-resolving headache, nerve damage, paralysis, headache, nausea, vomiting, infection, dizziness, shortness of breath, chest pain, tinnitus, seizures, drug toxicity