

## PÔLE ANESTHÉSIE - RÉANIMATIONS

Service  
d'Anesthésie-Réanimation Chirurgicale I

Hôpitaux Bretonneau & Clocheville

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### Unité d'Anesthésie-Réanimation en Urologie **GUIDELINES FOR PATIENTS BEFORE ANAESTHESIA**

Before any day-care anaesthesia, please read the following recommendations carefully. Feel free to ask for further information.

Please sign this document and bring it back to the hospital when you come in for your procedure.

#### 1. Before anaesthesia

Please advise us of any change to your state of health or if you think you might be pregnant by phoning the following number: **02.47.47.47.30**.

#### 2. On the day of the anaesthetic

- You must fast absolutely for 8 hours before the appointed time of your anaesthetic (nothing to eat or drink)
- You can take your usual medications at their regular time so long as you take them with only one small sip of water
- Do not smoke for 12 hours before your anaesthetic
- Do not drink alcohol for 12 hours before your anaesthetic
- Take a shower or a bath before coming to the hospital. Do not use lipstick or nail varnish so that we can check your skin colour throughout the anaesthetic. Do not wear contact lenses.
- Plan to be accompanied by an able-bodied, responsible adult.
- Do not bring jewellery or valuables

### 3. After the anaesthetic

- There is a possibility you may be kept in hospital overnight
- You will not be allowed to leave the hospital alone. For children, the accompanying adult cannot be the one driving the car. Make sure an able-bodied, responsible adult stays with you during the first night after your anaesthetic.
- During the first 24 hours after an anaesthetic do not drive, do not use potentially dangerous equipment and do not make important decisions as your attention might be lowered without you noticing
- You can drink and eat a light meal. Do not drink alcohol.
- Only take medications as prescribed on discharge
- In case of any problem you can contact the anaesthetist by phoning the following number: **02.47.47.47.30**



After reading the above recommendations, please sign this page to show you agree with the proposed procedure. For children, parent's signature is compulsory.

NAME and FIRST NAME of the patient: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of the patient: \_\_\_\_\_

**Ce document est également consultable sur le site de la Société Française d'Anesthésie et de Réanimation (SFAR):**

<http://www.sfar.org/article/12/recommandations-concernant-l-anesthesie-du-patient-ambulatoire>