

Patient's name: _____ Today's date: _____ dd / _____ mm / _____ yyyy

INSTRUCTIONS TO PATIENTS RECEIVING SEDATION/ANAESTHESIA

BEFORE SURGERY

1. Food in the stomach may result in vomiting and subsequent pneumonia during anaesthesia. This is unsafe and can be fatal. It is therefore extremely important that the patient follow these **fasting guidelines**:
 - a. 8 hrs - meal that includes meat, fried or fatty foods
 - b. 6 hrs - light meal (such as toast and a clear fluid) or ingestion of infant formula or non-human milk
 - c. 4 hrs - ingestion of breast milk (no additions are allowed to pumped breast milk)
 - d. 2 hrs - clear fluids (including water, pulp-free juice and tea or coffee without milk)

Note: adults and children should be encouraged to drink clear fluids (including water, pulp-free juice and tea or coffee without milk) up to 2 hrs before elective surgery.
2. Usually the routine medications may be taken on schedule with a small sip of water unless otherwise directed by the anaesthetist.

Please note: do not take oral diabetic medications or fluid pills on the day of surgery; for blood pressure medicines, please call us if necessary. If you are diabetic, you must bring all your diabetic supplies (including, but not limited to glucometer, strips, lancets, insulin, syringes, pumps etc.). For instructions on insulin, please call us as needed.

Please note: Diabetic medications for weight loss – even if taken for treatment of diabetes (Ozempic® or other so-called Glucagon-like peptide-1 (GLP-1) receptor agonists) require special consideration:

If they have been taken at the current dose (without increasing the dose) for several months and are well tolerated (no gastrointestinal symptoms, such as fullness, nausea or vomiting), then they can be continued, but extended minimum fasting times need to be observed:

- solids and non-clear liquids: 24h,
- high carbohydrates clear liquids: 8h and
- no/low carbohydrates clear liquids: 4h.

If they are not well tolerated (with gastrointestinal symptoms, such as fullness, nausea or vomiting), then please check with us as we may have to refer to the prescriber to modify your diet and possibly decrease the dose. Should your symptoms not resolve, then any elective procedure may have to be delayed and rescheduled (and if you have a very time sensitive surgery, then please call us to discuss management).

Sodium-glucose cotransporter-2 (SGLT2) inhibitors (so-called “flozins”) can cause a condition called euglycemic diabetic ketoacidosis (eDKA – signs can include nausea vomiting, abdominal pain, rapid breathing, confusion). This can be precipitated by surgical stress or fasting and it is thus recommended that canagliflozin (Invokana®), dapagliflozin (Farxiga®) and empagliflozin (Jardiance®) be held for 3 days and ertugliflozin (Steglatro®) for 4 days before elective surgery. If necessary, please discuss with your family doctor or endocrinologist.

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3. Patients should wear loose-fitting clothes so that monitoring equipment can be applied easily. Please bring a change of clothes (for children: please bring an extra diaper, if necessary).
4. Patients are not to wear: contact lenses, artificial eyelashes, make-up or nail polish. Leave valuables at home.
5. If there is even a small chance that the patient may be pregnant on the day of the surgery, consider doing a urine pregnancy test on the morning of the surgery to rule out that possibility.
6. Please advise us of any recent change in health such as fever, vomiting, diarrhea, cold, or flu in the days before by calling us before coming for surgery.
7. **Patients cannot go home alone! Please confirm the person who will be accompanying the patient after surgery (and who will stay with the patient during the first 24 hours). The companion must be at the patient's side on the ride home (i.e. NOT be driving the car and leaving the patient unattended in the back of the car). For most children (and some adults) there will need to be two individuals coming with the patient!**
8. The patient will need a responsible person at arm's length for the first 24 hours after surgery.
9. If the patient does not speak English well enough, it is imperative that the patient arranges for a competent translator to be present for the duration of the surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
10. If the patient is unable, for whatever reason, to give his/her own consent, it is imperative that the individual who has power of attorney be present or available by phone. The patient must bring this information on the day of surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
11. Please call us if you have any questions or concerns: (647) 618-2527.

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DURING SURGERY

1. The patient will be given fresh oxygen (and possibly sleep medicine) through a mask to breathe. Monitor stickers will be placed on the patient's chest and a clip placed on the finger. A blood pressure cuff will be placed on the arm.
2. In adult patients, a small intravenous catheter is usually placed in the back of the hand before going to sleep (faster and preferred), whereas in children, due to the fear of needles, the intravenous catheter will often be placed after falling asleep, to allow the fluids or medications to be given. In some adults, upon special request, and depending on the type of surgery, the possibility of placing the intravenous after falling asleep with a mask may be considered prior to a general anaesthesia.
3. Most patients, especially children, toss/turn, stretch out their arms, roll their eyes, and their breathing patterns change as they go to sleep.
4. In general we encourage the presence of one parent (sometimes both) with a paediatric patient for the induction of anaesthesia (not for the duration of surgery). Due to a variety of factors this may not always be possible or be in the best interest of the child. Your understanding and cooperation in this context is very important (if, for example, you are asked to step outside to the waiting area).
5. In some circumstances (for example young patients of adults with special needs) patients may not be able to cooperate and some form of temporary restraint may be required to conduct the anesthetic safely. If this is not acceptable, please discuss this with the anesthetist prior to treatment.
6. In the case of general anaesthesia, the patient will be completely asleep for the entire procedure and will normally be asleep for about 15-30 minutes longer than the time it takes for the procedure to be completed.
7. Parents of children must wait in the waiting room during surgery until they are called in. While every effort is made to let parents see their child as early as possible after the anaesthetic ends, children will in general have to be awake and stable enough to permit their parents to be with them after emergence. As children are often agitated, confused and cranky when they awake from anaesthesia, parents may hear their child cry without being able to see them (yet).
8. Please be aware that there may be delays during surgery and patients, parents, and companions should clear their schedules of any other appointments or commitments on the date of surgery.

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INSTRUCTIONS TO PATIENTS RECEIVING SEDATION/ANAESTHESIA

AFTER SURGERY

1. It usually takes approximately 30-60 minutes after surgery before the patient can go home safely. It is not uncommon for the patient to feel dizzy and disoriented when upon awakening. Children frequently cry, even if they do not experience any discomfort. The intravenous catheter will remain in place until the patient is fully awake.
2. Children often get very irritable after they have extensive dental work, especially with placement of crowns. This is a result of their bite feeling different and will usually resolve after a couple of days when they get used to it.
3. **A responsible adult must accompany the patient home and someone has to stay with the patient for the first 24 hours. The companion must be at the patient's side on the ride home (i.e. NOT be driving the car and leaving the patient unattended in the back of the car). For most children (and some adults) there will need to be two individuals coming with the patient!**
4. Some patients (especially older patients and patients with certain medical conditions and mobility issues) may experience some dizziness after the anesthesia, particularly when getting up from the sitting position (and starting to walk). It is important that the responsible adult being at their side is capable to support the patient to prevent any falls and injuries! In some households this may require an additional second adult person to be with the patient.
5. Patients should rest at home for the post-operative period (24 hours). **DO NOT WORK, DRIVE, OPERATE HAZARDOUS MACHINERY OR MAKE IMPORTANT DECISIONS FOR 24 HOURS FOLLOWING ANAESTHESIA.** A responsible adult must be with the patient. Children must not participate in activities that may cause injury, i.e. running, riding a bicycle.
6. The patient should not be allowed to fall asleep in an upright position (i.e. car seat, stroller) on the day of surgery to prevent the possibility of air passage obstruction.
7. The patient should drink plenty of fluids (water, juice) after anaesthesia but should **not drink alcoholic beverages or take sedative medication for 24 hours after surgery.**
8. If the patient is not experiencing any nausea or vomiting, he/she may eat solid food as tolerated (please begin with easily-digested foods).
9. A sore throat or sore nose (with small amounts of blood, especially nose bleeds) is common after anaesthesia and will resolve on its own. Some muscle ache in the neck and shoulders is also common.
10. Take medications as advised. Unless instructed otherwise, Tylenol or Motrin can be used to control pain. The surgeon/dentist will usually write a prescription for additional pain killers as needed.
11. The area where the intravenous catheter was placed may be sore and bruised for a few days after surgery. Should this persist or worsen, please call us.
12. A slight rash in the face may be visible where tape was applied (as well as where the cardiogram stickers were placed – usually shoulders and abdomen).

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13. Especially children may at times complain about 'burning in the eyes' which can be the result of them having rubbed and scratched their eyes during the wake-up phase. These symptoms usually resolve with conservative treatment over the first 24-48 hours.
14. For follow-up with the dentist/surgeon please call his/her office as instructed.
15. If necessary contact or visit your family physician, local walk-in clinic or the nearest emergency room. Please also call us for any concerns or unexpected events (we will attempt to return your call as soon as feasible, however please do not delay seeking medical attention while waiting for our return phone call as we may be busy with other patients or not be available, especially after hours or on weekends and holidays), i.e.:
 - i. if the patient vomits beyond 4 hours after anaesthesia
 - ii. if the patient does not pass urine
 - iii. if the patient develops a fever over 38.5°C
 - iv. if there is any difficulty breathing
 - v. if there is any significant bleeding
 - vi. if there is severe pain, not relieved with rest and medication
 - vii. if the patient has to go to the emergency room or seek medical attention related to the surgery or anesthesia
 - viii. if there are any other unexpected events or concerns.
16. Please take a less than one minutes to tell us about your anesthesia experience today (simply scan the QR code below and follow the questionnaire)

