Vital Information About Your Anesthetic

What you need to know about your breathing for future surgeries

Helping You Breathe

During your recent surgery, an anesthesia provider (anesthesiologist or nurse anesthetist) placed a tube in your airway to help you breathe.

In your case, extra attention was needed to place the tube. Your anesthesiologist placed the tube in your airway using a technique that is not used for all patients.

If you ever have a breathing tube placed again for surgery or for difficulty breathing, tell your anesthesiologist that this special technique was done.

It could save your life.

Your airway is described on the back of this handout, along with the techniques that your anesthesiologist used. It is written in terms that another anesthesiologist can understand.

If you ever have surgery again – here at University of Washington Medical Center (UWMC) or anywhere else – take this handout with you and share it with your health care providers.

Your Anesthesiologist

Your anesthesiologist is the doctor who keeps you asleep and manages your pain during surgery. This doctor also monitors your heart rate, blood pressure, and breathing. A nurse anesthetist does these same tasks.

If a problem occurs during surgery, your anesthesiologist is the first person who will provide treatment.

Before any surgery, be sure to tell your anesthesiologist about any health problems or special needs you have that could affect your surgery or recovery. These include allergies, conditions, or effects from earlier procedures and surgeries.
**My General Anesthetic**

**Date of surgery:** ____________________  **Weight/BMI:** _____________

**Procedure:** ___________________________________________________

**Intubation**

Laryngoscope(s) used: ________________________________________________

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Laryngoscopy view:

- Cords seen: [ ] Yes  [ ] No
- Stylet: [ ] Yes  [ ] No
- Eschmann used: [ ] Yes  [ ] No
- Fiberoptic bronchoscope used: [ ] Yes  [ ] No
- Other technique: ________________________________
- Successful technique: ____________________________

**Anesthesia**

- [ ] Topical (awake) – with sedation  [ ] Yes  [ ] No
- [ ] Inhalational
- [ ] Intravenous
- Muscle relaxant: [ ] Yes  [ ] No
- Easy mask ventilation: [ ] Yes  [ ] No
- Comments: ______________________________________

**Anesthesia Provider**

Print name: ___________________________________________________

Signature: ___________________________________________________