

Appendix 1 Form for data collection

Age: ____

Gender: Male ____

Female ____

____ ASA II III IV V ____ Form

Smoking. If not.____

Associated Diseases.

Arterial hypertension. If not.____

Ischemic heart disease. If not.____

Heart failure. If not.____

Obesity. If not.____

Bronchial asthma. If not.____

Chronic obstructive pulmonary disease. If not.____

Bronchitis. If not.____

complications

1. heart:

_tachycardia

_bradycardia;

_hipotensión

_hypertension;

_aparición of malignant arrhythmias,

deep vein _trombosis,

_ Acute myocardial ischemia

_heart attack.

2. Respiratory:

_Hipercapnia

_hipocapnia;

_barotrauma;

_broncoaspiración;

_neumomediastino ;

_pneumothorax,

_hipoxia maintained,

_aumento P1 (peak pressure)

_aumento plateau (P2) pressure,

gas __embolismo

Appendix 2. Information sheet for potential participant (patient).

Research title: "Factors influencing the occurrence of cardiac complications in anesthesia for laparoscopic cholecystectomy video"

What are cardiorespiratory complications?

They are the symptoms and signs of the respiratory and cardiovascular system which occur during surgical anesthetic procedure.

Why this investigation?

To identify the influence of risk factors that influence the onset of cardiac complications in anesthesia for video laparoscopic cholecystectomy, to influence them and preventing the development of complications.

What kind and how many people will participate in this research?

This study involved 470 patients in total, that meet the following criteria: patients undergoing surgery elective gallbladder and classified as ASA14 I and II in the hall of laparoscopic surgery, who presented intraoperative findings of cardiac complications during anesthesia for Laparoscopic cholecystectomy

They are not included in the study patients after laparoscopic cholecystectomy has started to convert conventional route (open).

What follow-up will receive the patients included in the study and what is it?

Patients with gallstones will begin to observe from joining the minimum access surgical unit, in which they will follow a multidisciplinary team. The observation will be extended in time until the diagnostic criteria of cardio respiratory complications appear. During admission it is ensure that all patients receive initial medical treatment uniform therapeutic protocol based service.

It involves risk participation in the study?

No risk to their participation in the study reported, for otherwise it will be cared for properly qualified that patient care medical personnel.

Will there be confidentiality in the handling of patient data and publication?

In any case their identity will be revealed. Throughout the investigation it will work with your initials and / or identification code assigned at the time to give its approval to participate in the investigation, did not work with their name or full surname, although by signing this document, authorizes your medical history can be reviewed by hospital and state regulatory authorities or their designees to discuss important aspects of the investigation.

The medical history will be identified so that it can be understood that corresponds to a patient included in the investigation, to facilitate a different attention to the rest of the other medical records regarding storage, availability and time of file.

What are my rights to decide my participation in this research?

You have the right to be told about all research concerns related to the administration of drugs, medical procedures, or any aspect deemed necessary.

Approval of participation in the study is completely voluntary, it does not represent a commitment to the doctor or the hospital.

You also has guaranteed to receive proper medical care you need, even if they do not give approval.

You should keep a copy of this model for reference when you want. In addition to receiving information on the surgery and treatment outcomes or any modifications to this document.

You can decide their withdrawal from the study at any time without explanation for it and without affecting aftercare due to receive.

As evidence I have read and understood all the information about the study signed the present.

Name and Signature of Patient Representative : _____ .

Name and Signature of Witness representative : _____ .

Name and signature of the representative of the doctor: _____ .

Appendix 3.

From: J. Enciso Nano Anesthesia in Laparoscopic Surgery implications. RevHorizMed Volume 12 (3), July to September 2012