

The Complications after General Anesthesia between Female and Male Genders in the First 24 Hours after Surgery



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Post-Anesthesia Complication Questionnaire

1. Hypertension

• Did you experience hypertension after the surgery?

- ☐ Yes
☐ No

• If yes, at what time did you notice hypertension?
(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• Gender:

- ☐ Male
☐ Female

2. Tachycardia

• Did you experience tachycardia after the surgery?

- ☐ Yes
☐ No

• If yes, at what time did you notice tachycardia? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op

• Gender:

- ☐ Male
☐ Female

3. Tachypnea

• Did you experience tachypnea after the surgery?

- ☐ Yes
☐ No

• If yes, at what time did you notice tachypnea? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• Gender:

- ☐ Male
☐ Female

4. Voice Hoarseness

• Did you experience voice hoarseness after the surgery?

- ☐ Yes
☐ No

• If yes, at what time did you notice voice hoarseness?
(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op

• Gender:

- ☐ Male
☐ Female

5. Restlessness

• Did you experience restlessness after the surgery?

- ☐ Yes
☐ No

• If yes, at what time did you notice restlessness? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op

• **Gender:**

- ☐ Male
☐ Female

6. Urinary Retention

• **Did you experience urinary retention after the surgery?**

- ☐ Yes
☐ No

• If yes, at what time did you notice urinary retention? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op

• **Gender:**

- ☐ Male
☐ Female

7. Reduction in SaO2 (Oxygen Saturation)

• **Did you experience a reduction in oxygen saturation (SaO2) after the surgery?**

- ☐ Yes
☐ No

• If yes, at what time did you notice the reduction in SaO2? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op

• **Gender:**

- ☐ Male
☐ Female

8. Hypotension

• **Did you experience hypotension after the surgery?**

- ☐ Yes
☐ No

• If yes, at what time did you notice hypotension? (Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• **Gender:**

- ☐ Male
☐ Female

9. Vomiting Severity

• **Did you experience vomiting after the surgery?**

- ☐ No
☐ 1 or 2 times
☐ More than 2 times

• If vomiting occurred, at what time did you notice it?

(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• **Gender:**

- ☐ Male
☐ Female

10. Nausea Intensity

• **Did you experience nausea after the surgery?**

- ☐ No
☐ 1 or 2 times
☐ More than 2 times

• If nausea occurred, at what time did you notice it?

(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• **Gender:**

- ☐ Male
☐ Female

11. Shivering Intensity

• **Did you experience shivering after the surgery?**

- ☐ No
☐ Mild
☐ Average
☐ Severe
☐ Very Intense

• If shivering occurred, at what time did you notice it?

(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• **Gender:**

- ☐ Male
☐ Female

12. Drowsiness

• **Did you experience drowsiness after the surgery?**

- ☐ No
☐ Awake
☐ Responds to sound stimulation
☐ Requires tactile stimulation to wake

• If drowsiness occurred, at what time did you notice it?

(Check all that apply)

- ☐ 6 hours post-op
☐ 12 hours post-op
☐ 18 hours post-op

• **Gender:**

- ☐ Male
☐ Female