

PATIENT CONSENT TO ANESTHESIA

I understand that:

____ I will need anesthesia services for the surgical procedures(s) to be done on _____(date), and that the type of anesthesia to be used will depend upon the procedure and my physical condition.

____ Anesthesia is a specialty medical service, which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical, surgical, or obstetrical procedure.

____ During the course of the surgical procedure, conditions may require additional or different anesthetic monitoring or techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.

____ In addition to the anesthesiologist whose name appears on this document, my anesthetic services may be provided by another anesthesiologist.

____ No guarantees have been made by anyone regarding the anesthesia services, which I am agreeing to have.

Type Of Anesthesia And Definitions

General anesthesia

1. Endotracheal anesthesia: anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.
2. Mask anesthesia: anesthetic gases are passed through a mask that covers the nose and mouth.

Regional anesthesia

1. Epidural anesthesia: a small catheter is inserted into epidural (spinal) space so that anaesthetizing agents may be given to prolong the duration of anesthesia, or medications given in single injection into epidural space.
2. Spinal anesthesia: the anesthetic agents are injected into specific areas to inhibit nerve transmission.
3. Caudal anesthesia: anesthetic medications are given into the tailbone area.

Nerve blocks:

Sympathetic (cervical, thoracic ganglion and lumbar sympathetic block); anesthetic medications given in the neck, chest and back to relieve pain.

Monitored Anesthesia Care (MAC):

Includes the monitoring of at least blood pressure, oxygenation, pulse and mental state, and supplementing analgesia as needed.

Risks and Complications may include but are not limited to: allergic/adverse reaction, aspiration, backache, brain damage, comas, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and/or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for injection of anesthesia, and death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent. I agree to the administration of the anesthesia prescribed for me. I recognize the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

(PATIENT'S SIGNATURE)

(DATE) (TIME)

(WITNESS SIGNATURE)

(DATE) (TIME)

(PATIENT'S NAME - PRINT)

(DATE) (TIME)

(ANESTHESIA PROVIDER'S SIGNATURE)

(DATE) (TIME)