

CONSENT FOR ANESTHESIA

Note to patient: There are risks involved with any type of anesthesia. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned anesthetic, the possible risks, complications, and alternatives.

GENERAL ANESTHESIA: use of intravenous or inhalation gases which will cause unconsciousness.

REGIONAL ANESTHESIA: use of anesthetizing agents and or narcotics injected into the epidural space, subarachnoid space, or around nerves so as to produce a loss of sensation and or movement of a specific part of the body.

MONITORED ANESTHESIA CARE (MAC): use of intravenous agents to produce various levels of sedation and or analgesic.

During the procedure, you may need additional anesthesia, type of technique, and or monitoring to finish the procedure. Signing this consent allows your anesthesiologist or surgeon to provide you with such services for your own comfort, safety, and well-being.

RISKS AND COMPLICATIONS: are general and specific to the type of anesthetic. It must be understood that any or all of the following may occur in each of the types of anesthesia mentioned above. Risks include, but are not limited to: allergic reactions, infection, hematoma, headache, recall, nausea, vomiting, sore throat, dental damage, ocular injury, integument trauma, nerve injury, aspiration, major internal organ injury, coma, and death.

PREGNANT PATIENTS: anesthesia during pregnancy can cause fetal complications, birth defects, premature labor and fetal demise. The risks and complications mentioned above can occur to both the mother and the fetus. Non-emergent or elective procedures should be postponed until after delivery. If there is any possibility of being pregnant, I will inform the anesthesiologist and the surgeon.

ALTERNATIVES: postpone, cancel, or reschedule the procedure at a surgery center or hospital.

I understand the type of anesthesia planned for my procedure as described in this form and by my anesthesiologist. I am aware of the potential risks, complications, and alternatives. I have had all of my questions answered to my satisfaction. I agree to proceed with the procedures and the anesthesia.

(patient signature)

(date and time)

(witness signature)

(date and time)

(anesthesiologist signature)

(date and time)