

PATIENT CONSENT TO ANESTHESIA

I understand that:

- 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.
- In addition to the anesthesia provider whose name appears on this document, my anesthetic services may be provided by another anesthesia provider
- The practice of anesthesiology is not an exact science and no guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have.
- I will need anesthesia services for the surgical procedure(s) to be done on _____ (date), and that the type of anesthesia to be used will depend upon the procedure and my physical condition.
- Informed consent has been provided by the anesthesia provider in language I can understand. Informed consent includes a discussion between the patient or patient representative and healthcare provider of the nature of the service provided, the material risks or dangers involved including potential complications related to anesthesia, the benefits of the proposed anesthetic and the alternate types of anesthesia.
- During the course of an operation, unforeseen changes in my condition may arise which would necessitate changes in the care being provided to me. In that case, the anesthesia provider will act on my behalf with my safety as the first priority.
- If I am pregnant, elective surgery should be postponed until after the baby is born. Anesthetics cross the placenta and may temporarily anesthetize the baby. Although fetal complications of anesthesia during pregnancy are very rare, the risk to my baby include, but are not limited to, birth defects, premature labor, permanent brain damage and death.

I have had explained to me and I agree to permit the monitoring of vital bodily functions and the administration of one or more of the following alternative forms of anesthesia which may be suitable for the procedure I am about to have:

- A. General anesthesia** – including intravenous agents and inhaled gases, which will cause unconsciousness.
- B. Regional anesthesia** – including needle injections near major nerves which will temporarily cause me to lose pain sensations in certain areas of my body.
- C. Local Anesthesia/MACS:** including local anesthetic agents with or without intravenously administered sedatives. If my regional or local anesthetic is not satisfactory to my surgeon, I consent to the administration of general anesthesia.

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. These potential risks apply to me whether I have a general, regional or local anesthetic.

I certify that I have, to the best of my ability, told the provider obtaining consent, of all major illnesses I have had, of all past anesthetics I have received and any complications of these anesthetics known to me, of any drug allergies I have and of all medications I have taken in the past year. I have also responded truthfully to any additional questions asked by my physician.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent. The risks, benefits and alternatives of my anesthetic management have been explained to me. 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. I retain the right to withdraw this consent at any time prior to the administration of the said anesthetic.

PATIENT or LEGALLY AUTHORIZED REPRESENTATIVE

WITNESS SIGNATURE)

RELATIONSHIP TO PATIENT IF NOT PATIENT

(ANESTHESIA PROVIDER'S SIGNATURE) (DATE) (TIME)

-Pre-Op 1A