



Informed Consent: Anesthesia

I understand that anesthesia services are needed so that my doctor can perform the operation or procedure. It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment.

ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING BUT NOT LIMITED TO THE POSSIBILITY OF: INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK, OR DEATH.

I understand that these risks apply to ALL forms of anesthesia and that additional or specific risks have been identified as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service indicated will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my clinical judgment.

It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

<input type="checkbox"/> General Anesthesia	Expected Result: Total unconscious state, possible placement of tube into the windpipe. Technique: Drug injected into the bloodstream, breathed into the lungs, or by other routes. Possible risks: Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia.
<input type="checkbox"/> Monitored Anesthesia Care	Expected Result: Reduced anxiety and pain, partial or total amnesia Technique: Drug injected into the bloodstream, breathed into lungs, or by other routes, producing a semi-conscious state. Possible Risks: An unconscious state, depressed breathing, injury to blood vessel.

I consent to the anesthesia services indicated and I authorize that it be administered by a credentialed anesthesia provider services at this facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate. After my procedure, if receiving any medications, I acknowledge and agree that I will not operate heavy machinery (such as driving) or sign legal documents for at least 24 hours.

I understand the importance of providing my health care providers with a complete medical history, including disclosure of any medications that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complications and must also be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives, and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decisions.

Patient's Name:	Patient's Signature:	Date & Time:
Provider's Name:	Provider's Signature:	Date & Time:
Witness Name:	Witness Signature:	Date & Time: