

CONSENT TO ANESTHESIA

Name of Patient _____

I hereby authorize Dr. _____ and such associates as may be elected and directed by him/her to administer anesthesia as recommended.

Anesthesia care may include any of the following:

GENERAL ANESTHESIA:

Serious risks associated with general anesthesia are rare but include death, heart attack, stroke, and brain injury from lack of oxygen. Other risks and side effects may include but are not limited to damage to eyes, nose, and skin, damage to teeth or dental prosthesis, lip injury, vocal cord injury, tracheal injury, esophageal laceration, sore throat, hoarseness, damage to baby if pregnant, surgical positioning injury, serious drug reactions, and nausea and vomiting.

EPIDURAL ANESTHESIA:

Risks associated with epidural anesthesia may include but not limited to a failure or inadequate anesthetic block which may require transition to general anesthesia, drop in blood pressure, nausea, headache, backache, bleeding, infection, and inadvertent spinal block. Neurologic injury is exceedingly rare but a potentially serious complication. Some of the medications used with epidural anesthesia can cause seizures and rarely even death.

SPINAL ANESTHESIA:

Risks associated with spinal anesthesia are similar to those of epidural anesthesia listed above.

MONITOR ANESTHESIA CARE:

Risks associated with monitored anesthesia care include pain or discomfort which may require transition to general anesthesia and breathing difficulty associated with sedation drugs.

NERVE BLOCKS:

Risks associated with nerve blocks include failure with transition to general anesthesia, bleeding, infection, injury to nerves, blood vessels, and possibly lung, and serious drug reactions including seizures.

Complications possible with any type of anesthesia include but are not limited to: allergic reactions, drug reactions, breathing difficulties, intraoperative awareness, injuries to nerves or joints from surgical positioning, heart and/or brain damage, and death. Serious complications from any form of anesthesia are rare, but I understand that pre-existing medical problems such as obesity, smoking, diabetes, heart, lung, and kidney disease may increase my own risks. I further understand that unexpected complications during surgery may require a change in the anesthetic plan and/or the placement of additional possibly invasive monitors and unplanned transfusions of blood or blood products.

I understand that consuming food, drink, or medicines not specifically approved after the time directed can cause or contribute to potentially life threatening complications and surgery may be postponed.

I have read the above information and have had my questions about anesthesia answered to my satisfaction.

Signature of Patient or Representative Date Time

Representative's Relationship to Patient

I have personally answered and explained any questions the patient or the person authorized to consent for the patient may have concerning options, risks, and side-effects of anesthesia in the above information.

Signature of Physician Date Time

I certify that the above name patient (or representative) signed this document.

Witness Date Time