

Consent for Anesthesia Services

I understand that anesthesia services are needed so that my surgeon can perform my operation. I acknowledge that anesthesia services will be performed by a team consisting of an anesthesiologist (a doctor specializing in anesthesia) and a nurse anesthetist (a nurse specializing in anesthesia) or a student nurse anesthetist.

The anesthesiologist has explained to me that all types of anesthesia, although safe, involve some risks and no guarantees can be made concerning results. Although rare, unexpected severe complications with anesthesia may occur including but not limited to; ***infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, blindness, stroke, brain damage, heart failure, heart attack, or death.*** I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. Because of unforeseen conditions, anesthesia techniques such as placing breathing tubes, performing nerve blocks or invasive monitors may be technically difficult. I understand that sometimes an anesthesia technique requiring local anesthetics may not succeed completely and therefore another technique may have to be supplemented.

I understand that the type(s) of anesthesia to be used is determined by many factors including my health status, the type of surgery and my surgeon's preference, as well my own desire.

General Anesthesia Risks: Mouth or throat pain, hoarseness, lip/dental injury, nausea/vomiting, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia, prolonged effect of muscle relaxants, risk of malignant hyperthermia
Spinal / Epidural Risks: Headache, backache, convulsions, infection, persistent or prolonged weakness/numbness, residual pain, prolonged low blood pressure
Peripheral Nerve Block Risks: Infection, convulsions, persistent or prolonged weakness/numbness, residual pain, injury to blood vessel
Sedation (MAC) Risks: Depressed breathing requiring intubation, awareness under anesthesia, injury to blood vessel

I consent to the anesthesia service deemed appropriate by my anesthesia team. I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of anesthesia.

Patient Signature _____ Date _____

I certify that I have informed the patient (or authorized individual) as to the recommended anesthesia techniques, the risk involved, and the possible complications of anesthesia associated with the intended surgery.

Anesthesiologist Signature _____ Date _____