

ANESTHESIA ALTERNATIVES, PLLC

CONSENT FOR ANESTHESIA

Patient's Name: _____ **Patient's DOB:** _____

The following is provided to inform our patients of the choices and the risks involved with treatment under anesthesia. This information is not presented to make the patients more apprehensive but to enable them to be better informed concerning their treatment. The choices for anesthesia are basically three: local anesthesia alone, conscious sedation, or general anesthesia. These can be administered, depending upon the individual patient's medical requirements, either in an office or in a hospital setting.

The most frequent side effects of any intravenous anesthetic medications are drowsiness, nausea and vomiting (10-20%) and phlebitis. Most patients remain sleepy following their surgery for several hours which impairs coordination and judgement. It is recommended that adults refrain from driving and children remain in the presence of a responsible adult. Phlebitis is a raised, tender hardened, inflammatory response occurring in 2-4 % of patients that can have onset from 24 hours up to two weeks after the procedure. The inflammation usually resolves with local application of warm, moist heat, yet tenderness and a hard lump may be present up to a year.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia, including but not limited to; pain; hematoma; numbness; infection; swelling; bleeding; discoloration; nausea; vomiting; allergic reaction; fluctuations in breathing pattern; heart rhythm, and/or blood pressure; brain damage and death. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risks and general anesthesia the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every procedure.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the doctor of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reasons I understand that I must inform the doctor if I am a nursing mother.

I take full responsibility for informing the anesthesiologist of any prescription and over-the counter medications I have taken within the last 24 hours. Because medications, drugs, anesthetics, and prescriptions may cause drowsiness and incoordination which can be increased by the use of alcohol or other drugs, I have been advised to refrain from alcohol and street drugs, and not to operate any vehicle or hazardous device for at least twenty-four (24) hours or longer until recovered from the effects of the anesthetics, medications, and drugs that may have been given to me for my care. I also have been advised not to make any major decisions until after recovery from anesthesia.

I hereby authorize and request **Anesthesia Alternatives** and/or any other anesthesiologist to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (from local to general) by any route that is deemed suitable by the doctor in charge of the administration and maintenance of the anesthesia.

I have been fully advised of and completely understand the alternatives to sedation and general anesthesia and accept the possible risks and dangers. I acknowledge the receipt of and understand both preoperative and postoperative anesthesia instructions. It has been explained to me and I understand there is no warranty or guarantee as to any result and/or cure. I have the opportunity to ask questions about my anesthesia and am satisfied with the information provided to me.

Patient or Legal Guardian _____ Date _____
Witness _____ Date _____