

PATIENT CONSENT FOR ANESTHESIA

I understand that:

I will need anesthesia services for the surgery/procedure (s) to be done on _____,
(date) (time)

- and that the amount of anesthesia to be used will depend upon the procedure (s) and my physical condition.
- anesthesia is a specialty medical service, which manages patients who are rendered unconscious or with diminished responses to pain and stress during the course of a medical/surgical procedure.
- during the course of the procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well-being.
- although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure.
- a detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to comply with the law of the State of California.
- no guarantees have been made by anyone regarding the anesthesia services, which I am agreeing to have.

TYPES OF ANESTHESIA AND DEFINITIONS

A. General Anesthesia

1. Total Intravenous General Anesthesia — A deeper form of MAC (see below). “Unconscious sedation”. Spontaneous respiration maintained.
2. Endotracheal Anesthesia — Anesthesia and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.
3. Mask Anesthesia — Gases are passed through a mask, which covers the nose & mouth.
4. Laryngeal Mask Anesthesia — Gases are passed through a mask placed behind the tongue that covers the larynx (voice box).

B. Monitored Anesthesia Care (MAC) — The anesthesiologist monitors at least blood pressure, oxygenation, pulse and mental state and supplements sedation and analgesia as needed.

C. Regional Anesthesia

1. Epidural Anesthesia — A small catheter is inserted into the epidural space so the anesthetizing agents may be given to prolong the duration of anesthesia.
2. Spinal Anesthesia — The anesthetic agent is injected into the spinal subarachnoid space to produce loss of sensation.
3. Nerve Block — Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

D. Local Anesthesia

1. Local Anesthesia — Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, at the surgical / procedural site.
2. Topical Anesthesia — Surface anesthesia is produced by direct application of anesthetizing agents on skin or muscle members.

Risks and Complications of anesthesia may include but are not limited to allergic/adverse reaction, aspiration, backache, brain damage, coma, 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.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to acceptance of anesthesia might be no anesthesia for this procedure.

Date / Time

Patient Name (please print)

Patient's Signature

(Parent or guardian required if patient is under 18 years & not an emancipated minor)

Date / Time

Anesthesiologist/Physician (please print)

Anesthesiologist/Physician Signature

Date / Time

Witness Name (please print)

Witness Signature