

**CONSENT FOR ANESTHESIA SERVICES**

I, \_\_\_\_\_, acknowledge that my doctor has explained to me the operation/procedure and the risks, benefits, and alternative treatments involved. I understand that anesthesia services are needed so my doctor can perform the operation/procedure. It has been explained to me that all forms of anesthesia involve some risks, and no guarantees or promises can be made concerning results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, HEART ATTACK, BRAIN DAMAGE, OR DEATH.** I understand that these risks apply to **ALL** forms of anesthesia and that additional and specific risks have been identified below as they may apply to a specific type of anesthesia. The selected anesthetic technique is determined by many factors including *my physical condition, type of procedure, physician's anesthetic preference, as well as my own desire.* It has been explained that sometimes selected techniques involving local anesthetics, with or without sedation, may not completely succeed, and therefore another technique may be used including general anesthesia. I understand that the need to use another form of anesthesia may also be dictated by the outcome of the initial phases of my operation/procedure should it uncover a condition requiring more intensive surgery as outlined by my surgical consent form. I understand that events may dictate the use of invasive devices such as intra-arterial line, central venous line, and/or TEE (transesophageal echocardiography). **I, hereby, consent to those things necessary for my Anesthesia care.**

<b>GENERAL ANESTHESIA</b> (with or without breathing tube)	Technique	Technique IV medication to make you unconscious; breathing tube may or may not be placed in your windpipe or throat; medicine breathed through this tube or giving through your IV will keep you unconscious
	Expected Results	You will not be aware during surgery
	Specific Risks	Nausea/vomiting; mouth or throat pain; hoarseness; injury to mouth, teeth, or eye; breathing stomach contents into lungs; pneumonia; weakness, numbness, or pain from a nerve injury; awareness during surgery
<b>EPIDURAL, SPINAL, or CAUDAL ANESTHESIA</b>	Technique	Medicine injected through a needle or tube between the bones of your back that numb your body
	Expected Results	Temporary loss of feeling and movement to the lower part of your body, or to your chest and belly; pain relief for a period of time after surgery
	Specific Risks	Nausea/vomiting; headache; backache; seizure; permanent weakness, numbness or pain from nerve injury
<b>PERIPHERAL NERVE BLOCK</b> Type: _____	Technique	Medicine injected through a needle or tube near nerves of your arm, leg, chest, or belly will numb your body
	Expected Results	Temporary loss of feeling and movement of all or part of your limb, chest, or belly; pain relief for a period of time after surgery
	Specific Risks	Soreness or bruising; injury to blood vessel; seizure; permanent weakness, numbness, or pain from nerve injury; lung collapse with specific blocks
<b>BIER BLOCK</b>	Technique	Medicine injected through an IV in your arm
	Expected Results	loss of feeling and movement of the arm during surgery
	Specific Risks	Seizure; injury to blood vessels; permanent weakness, numbness, or pain from nerve injury
<b>SEDATION</b>	Technique	Medicine injected through your IV that will make you less aware
	Expected Results	Decreased awareness and anxiety during surgery
	Specific Risks	Nausea/vomiting; slowed breathing, injury to blood vessel

**I have read this form or have had it read to me. I understand what it says. I have been given a chance to ask questions and have them answered. Types of anesthesia, special procedures, and transfusions have all been explained. I have enough information to give my permission to use these as needed.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Anesthesiologist

\_\_\_\_\_  
Date