

**Associated Anesthesiologists, P.C.**  
**Anesthesia Consent Form**

Improvements in the practice of anesthesiology have resulted in a significant increase in patient safety. Even so, risks remain that you need to know about.

1. I understand that there are a number of foreseeable risks and consequences that could occur from anesthesia. The following are some but not all of the foreseeable risks and consequences that I have been told can occur:

\_\_\_\_\_ General Anesthesia – General anesthesia is a state of unconsciousness during surgery. However, it is possible to have awareness and pain under general anesthesia. Other complications include nausea and vomiting, muscle soreness, injury to the eyes and /or extremity nerve damage. Changes in blood pressure, drug reactions, cardiac arrest, brain injury, coma, and death are all possible complications of general anesthesia. Instrumentation in the mouth to maintain an open airway during anesthesia might unavoidably result in sore throat and hoarseness, or possible dental damage including fracture or loss of teeth, bridge work, dentures, crowns and fillings, laceration of the gums or lips, or injury to the throat.

\_\_\_\_\_ Regional anesthesia – Regional anesthesia is the use of local anesthetics to anesthetize a region of the body. Examples of regional anesthesia include spinal anesthesia, epidural anesthesia and various specific nerve blocks. Complications of regional anesthesia include failure of the regional anesthetic technique, pain, infection, bleeding, damage to nerves, arteries and veins, pneumothorax, headache, seizure, coma, paralysis and death. Not all regional anesthetic techniques may be effective for surgical anesthesia, consequently, general anesthesia may be required, with the risks as stated in the above paragraph.

\_\_\_\_\_ Monitored Anesthesia Care (MAC) – Some surgical procedures do not require general or regional anesthesia, but may be conducted under varying degrees of sedation, analgesia and / or local anesthesia. Depending on the complexity, duration of the surgical procedure and the comfort level of the patient, conversion to a general anesthetic may be required. Complications related to MAC are similar to those of a general anesthetic mentioned above.

\_\_\_\_\_ Invasive Monitoring – Invasive monitors are those that require insertion of catheters to closely monitor vital functions. Examples of invasive monitors include arterial lines, central venous lines, pulmonary artery catheters, and spinal drains. Insertion of these catheters may cause damage to nerves, arteries and veins, and may cause infection, bleeding, bruising and pain, pneumothorax, cardiac arrest, and death.

\_\_\_\_\_ Transesophageal echocardiography – TEE is a technique to monitor the heart during various operations. This involves passing an instrument into the esophagus. Damage to teeth, throat, esophagus, stomach, and swallowing problems are possible.

2. Positioning during surgery and anesthesia – During surgery a patient may be placed in various positions at the direction of the surgeon in order to make surgery possible. Examples of these positions are being placed on the back, stomach or side. Possible complications include damage to nerves, arteries or veins, permanent nerve damage, paralysis and blindness.

3. I understand that medications that I am taking may cause complications with anesthesia or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications I am taking, prescription or non-prescription, including but not limited to aspirin, cold remedies, narcotics, PCP, marijuana, cocaine, herbal supplements, and any diet medications.

4. I understand that while I am receiving anesthesia, conditions may develop requiring variance from the plan of anesthesia for me. I therefore authorize modifications or extension of this consent that professional judgment indicates to be necessary under the circumstances.

5. I consent to appropriate tests and treatments which may better evaluate my risk and prepare me for surgery as part of my medical care associated with this procedure.

**By signing this document I acknowledge that: (1) I have read this form and I have been informed of the risks of anesthesia; (2) my questions have been answered; (3) I am willing to accept the risks; and (4) I understand that anesthesiology involves accepted medical procedures but that anesthesiology is not an exact science, and I acknowledge that no one has given me any promises or guarantees about the administration of anesthesia or its results; (5) I have the right to refuse to consent to the administration of anesthesia; and (6) I agree to proceed with anesthesia.**

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Anesthesia Provider (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Anesthesia Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter

\_\_\_\_\_  
Guardian/patient care giver

\_\_\_\_\_  
Date

I, \_\_\_\_\_ for \_\_\_\_\_ as \_\_\_\_\_ parent  
\_\_\_\_\_ Guardian \_\_\_\_\_ Representative acting on his/her behalf, am asking to receive anesthesia during my pending procedure/operation/treatment. I want to have anesthesia in order to lessen the pain that I would otherwise experience.