CONSENT FOR ANESTHESIA SERVICES

I,_____, have been scheduled for _____ surgery.

I understand that anesthesia services are needed so that my doctor can perform the operation of procedure. It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING BUT NOT LIMITED TO THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK OR DEATH**. I understand that these risks apply to **ALL** forms of anesthesia and that additional or specific risks have been identified as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service indicated will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

□ **General Anesthesia**	**Expected Result**	Total unconscious state, possible placement of tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia.
□ **Spinal/Epidural Analgesia/Anesthesia**	**Expected Result**	Temporary decreased or loss of feeling to cover part of the body.
□ With Sedation □ Without Sedation	**Technique**	Drug injected through a needle/catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal".
□ **Major/Minor Nerve Block**	**Expected Result**	Temporary loss of feeling and/or movement of a specific limb or area
□ With Sedation □ Without Sedation	**Technique**	Drug injected near nerves providing loss of sensation to the area of operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood, failed block.
□ **Intravenous Regional Anesthesia**	**Expected Result**	Temporary loss of feeling and/or movement of a limb.
□ With Sedation □ Without Sedation	**Technique**	Drug injected into veins of arm or leg while using a tourniquet
	Risks (include but not limited to)	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
□ **Monitored Anesthesia Care w/ Sedation**	**Expected Result**	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the bloodstream, breathed into lungs, or by other routes, producing a semi-conscious state.
	Risks (include but not limited to)	An unconscious state, depressed breathing, injury to blood vessel.
□ **Monitored Anesthesia Care**	**Expected Result**	Measurement of vital signs, availability of anesthesia provider for further intervention
	Technique	None – *No sedation is provided.*
	Risks (include but not limited to)	Increased awareness, anxiety and/or discomfort

I consent to the anesthesia services indicated and I authorize that it be administered by the physicians of Anesthesia Company, LLC, all of whom are credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate.

I understand the importance of providing my health care providers with a complete medical history, including disclosure of any medications that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complications and must also be disclosed. I further understand that I should also disclose any complications that arose from past anesthetics.

I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decisions.

_____ _____
Patient's Signature Date and Time

_____ _____ _____
Anesthesiologist Substitute's Signature Relationship to Patient

_____ _____
Witness Signature Date and Time