**ANESTHESIA INFORMED CONSENT**

I,----------------------------------------------------- , have been scheduled for ------------------------------------- surgery. I understand that anesthesia services are needed so that my doctor can perform the operation or 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 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 below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below 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

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| * **General Anesthesia** | Expected Result | Total unconscious state, possible placement of a 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, corneal abrasion. |
| * **Spinal or Epidural Analgesia/ Anesthesia** * With sedation * Without sedation | Expected Result | Temporary decreased or loss of feeling and/or movement to lower part of the body. |
|  | 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**    + With sedation   + Without sedation | Expected Result | Temporary loss of feeling and/or movement of a specific limb or area. |
|  | Technique | Drug injected near nerves providing loss of sensation to the area of the operation. |
|  | Risks (include but not limited to) | Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, failed block. |
| * **Intravenous Regional Anesthesia** * With sedation * Without sedation | Expected Result | Temporary loss of feeling and/or movement of a limb. |
|  | 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** (with sedation) | Expected Result | Reduced anxiety and pain, partial or total amnesia. |
|  | Technique | Drug injected into the bloodstream, breathed into the lungs, or by other routes, producing a semi-conscious state. |
|  | Risks (include but not limited to) | An unconscious state, depressed breathing, injury to blood vessels. |
| * **Invasive Monitoring**    + Arterial Line   + Central Line   + Pulmonary Artery Line   + TEE   + Lumbar Drain | Expected Result | Monitoring during anesthesia frequent blood sampling, injecting medications into the veins. |
|  | Technique | * Placing a tube in an artery of the arm or leg to monitor pressures. * Placing a tube in the neck to monitor pressures in the vein. * Placing a tube in the neck to monitor pressures within the heart. * Placing an ultrasound probe into the throat to monitor the heart. * Placing a tube between the bones of the back to remove spinal fluid and measure spinal pressures. |
|  | Risks (include but not limited to) | Injury to blood vessels, lung collapse, irregular heart rhythm, month or throat pain, hoarseness, injury to mouth or teeth, headache, backache, nausea and vomiting, nerve injury, permanent weakness, numbness or pain. |

I consent to the anesthesia service checked (**√** ) above and authorize that it be administered by ----------------------------------------- (Hospital name/ Anaesthesia team) through an anesthesia care team, including Certified Registered Nurse Anesthetists under the supervision of an Anesthesiologist, 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 by the anesthesia care team.

I understand the importance of providing my health care providers with a complete medical history, including the need to disclose 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.

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*Patient’s Signature Date and Time*

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*Anesthesia Care Team’s Signature Substitute’s Signature Relationship to Patient*

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