

**Anesthesia Consent Form**

**Types of Anesthesia:** There are several ways to administer anesthesia; the anesthetic choice is related to your general condition and medical history as well as the surgery or procedure being done. **Local Anesthesia** can provide loss of pain sensation over the area where surgery is performed and may be combined with sedation to induce a light sleep. **Regional Anesthesia** (nerve blocks, epidural, spinal) means injection of medicine (local anesthetic) through a small needle to "numb" specific areas of the body. With both of these techniques, sedation may be added. **General Anesthesia** uses medicines (generally sodium pentothal-like drugs) to put you deeply asleep, and gases (oxygen, nitrous oxide, Ethrane, Halothane or Forane) to keep you asleep. With this technique, we will often use medicines to relax muscles and techniques that support your breathing.

Some operations can only be performed under General Anesthesia, others can be done with local, regional or general anesthesia. An anesthesiologist will discuss these techniques and explain the anesthetic options to you.

A blood transfusion may be necessary during or after surgery.

**Complications and Risks.** Any anesthetic is a serious event. Occasionally, anesthesia may be associated with the occurrence of nausea, vomiting, dizziness, drowsiness, headache, depression, numbness, dental damage, sore throat, urinary retention, and changes in smell and taste for a brief time. You should not engage in activities (e.g. driving) requiring unimpaired physical and mental ability for at least 24 hours.

The probability of significant harm from anesthesia is minimal; nevertheless, there are potential risks, e.g.: long term adverse effects to any part of the body (organs, nerves, eyes, bones, teeth, blood vessels); infection; breathing problems; awareness; unexpected reaction to drugs; serious rapid increase in body temperature; failure to recover from anesthesia, including death. The effects of anesthesia on the fetus during early pregnancy are not completely understood; if you could be pregnant, tell your anesthesiologist.

Other risks discussed: \_\_\_\_\_

**Anesthesiologists.** The Anesthesiology Department at the University of \_\_\_\_\_ Medical Center is composed of physician anesthesiologists who are responsible for your care.

**Understanding and Consent.** The nature of these anesthetics, the way they are given, alternative anesthetics, the procedures performed in connection with anesthesia, and the possible risks and complications have been explained to me, and an anesthesiologist has discussed with me the anticipated anesthetic plan for my surgery or procedure. My questions have been satisfactorily answered. I consent to the administration and maintenance of anesthesia and to the procedures performed by an anesthesiologist and/or his/her associates and assistants during my \_\_\_\_\_

(fill in type of surgery or procedure) which is scheduled on or about \_\_\_\_\_ 20\_\_\_\_

**Please do not sign this form unless you have read it, understand it, and agree with what it says.**

Signed: \_\_\_\_\_  
(Patient) (Date)

Signed: \_\_\_\_\_  
(Other person authorized to act for patient), (Date)

Signed: \_\_\_\_\_  
(Witness) (Date)

Print Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

I verify that the patient has been informed before anesthesia of the methods and risks of anesthesia by discussion with representatives of the Department of Anesthesiology and by reading this form.

\_\_\_\_\_, M.D.  
ANESTHESIOLOGIST

Date \_\_\_\_\_ Time \_\_\_\_\_