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## ANESTHESIA CONSENT

Please take the time to carefully read and sign this consent form prior to your planned operation/procedure that is scheduled to use one of the various types of anesthesia.

I have met with one of the anesthesiologists, or other qualified member of the anesthesia care team, (Certified Registered Nurse Anesthetist or Anesthesiology Assistant) and have discussed the risks and benefits of different types of anesthesia that are potential options for this operation or procedure.

We also discussed my current and past medical conditions and how they might affect the choice of anesthetic and potential for complications or adverse outcomes.

I understand that it may become necessary at any time to change or alter the anesthetic plan based on the clinical judgment of my anesthesiologist.

I give my consent to the anesthesia care team to perform certain procedures that are necessary for the safe delivery of anesthesia (i.e. Use of blood pressure cuff, pulse-oximetry probe, EKG leads, IV catheter placement for delivery of the medications, placement of a breathing tube or other breathing aids in my mouth, nose, throat and/or trachea, catheters in arteries or veins to monitor pressures or give medications, placement of monitors/tubes in mouth/nose/esophagus/stomach/bladder, etc.) I understand that there is always potential for injury or adverse outcomes from the placement or use of these devices used to provide safe anesthesia.

I understand that severe complications can occur from any type of anesthetic, including mild sedation. Rare, but serious, complications may include, but are not limited to: adverse medication reactions, infection, nerve damage, damage to any organ (brain, heart, lung, kidney, etc.), paralysis, blindness, need for blood transfusions, limb damage, cardiac or respiratory arrest and death.

Other possible complications more specific to the various forms of anesthesia are listed on the other side of this consent form.

I understand that if I am pregnant, anesthesia could possibly injure my fetus, and that I will discuss this further with my anesthesiologist if there is any possibility that I am pregnant.

I have openly and honestly discussed my medical problems/conditions (including any use of non-prescription medication and illegal drugs or substances of abuse) understanding that failure to do so may have negative or potentially devastating outcomes.

I understand that Firelands Regional Medical Center is a teaching institution and occasionally medical residents and students may participate in my care under the supervision of the anesthesia care team.

I understand that other medical practitioners who are not physicians may participate in my anesthetic care within the scope of their authority under the supervision of an anesthesiologist.

I understand that my anesthesia care provider may change at any time.



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**ANESTHESIA CONSENT**

**General Anesthesia:** The goal is to render you unconscious during your operation or surgical procedure so you do not see, hear or feel anything until the operation or procedure is finished. Some of the risks and possible complications specific to general anesthesia are listed below.

- Relatively more common - Sore throat, pain at IV site, nausea/vomiting, post-surgical pain, high or low blood pressure, muscle aches, coughing, confusion.
- Uncommon - Injury to mouth, teeth, gums, nose, eyes, ears, throat and vocal cords; Nerve damage causing numbness, weakness or loss of sensation to any part of the body; Respiratory problems including possible aspiration of stomach contents into the lungs causing lung damage or pneumonia, other cause of pneumonia, fluid in the lungs, difficulties breathing after surgery and inability to safely remove the breathing tube and needing to be on a ventilator after the surgery; Heart damage including heart attack, arrhythmias and cardiac arrest; Brain damage or stroke; Awareness of what is happening during the surgery.

**Epidural, Spinal or Caudal Anesthesia:** The goal is to cause temporary loss of feeling and/or movement at the surgical site during the operation and sometimes for relief of pain for a period of time after the surgery by placing medications through a needle or catheter in your back near your spinal cord. You may also receive additional medications during the operation to help keep you comfortable, drowsy or lose memory for a certain amount of time.

- Relatively more common - Back pain, nausea/vomiting, headache, soreness or swelling at the puncture site, low blood pressure.
- Uncommon - Need to convert to general anesthesia if spinal / epidural is inadequate, seizure, bleeding, infection at the site or possible meningitis, nerve damage, paralysis, permanent weakness or numbness, bowel or bladder dysfunction, possible need for emergent surgery if bleeding or infection near the spinal cord, heart damage/cardiac arrest, lung damage or collapse, death.

**Peripheral Nerve Block:** The goal is to cause a certain part of the body to be numb either for the surgery or for post-operative pain control.

- Risks similar to epidural, spinal or caudal anesthesia.

**Monitored Anesthesia Care (MAC):** The goal is to make you comfortable and/or less aware during your operation or surgical procedure. This form of anesthesia allows for a wide range of sedation that is up to the discretion of the anesthesiologist and/or anesthesia care team member and can range from totally awake throughout the procedure to sleeping through or not remembering the entire operation. Risks are similar to general anesthesia. It should be noted that conversion to general anesthesia is always a possibility with MAC.

I (or my Power Of Attorney) have read (or have had read to me) and understand this entire anesthesia consent form. I have been given a chance to ask and have any questions answered that I may have had. I have discussed all my concerns with my anesthesiologist and/or anesthesia care team. I understand the anesthetic plan and give my consent to receive anesthesia as planned.

Patient's Signature or Person authorized to Give Consent: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Anesthesiologist: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_