

INFORMED CONSENT FOR ANESTHESIA SERVICES

You, in consultation with your physician, have decided to undergo a procedure that requires anesthesia. Your anesthesia provider has explained your anesthetic options, medically acceptable alternatives, and the substantial and material risks and benefits of the proposed anesthesia. **IT IS IMPORTANT THAT YOU, THE PATIENT, READ THIS CONSENT FORM CAREFULLY** (or have it read to you) and that you ask questions about any information that you may not fully understand.

MAC (MONITORED ANESTHESIA CARE) WITH/WITHOUT SEDATION: The anesthesia plan recommended in connection with your procedure is monitored anesthesia care (“MAC”). Under monitored anesthesia care, your anesthesia provider will monitor you and may provide *sedation* by administering intravenous (injected through a catheter into your bloodstream) drugs to calm your anxiety and produce a semi-conscious state. While sedated, you may be aware of your surroundings, may be able to hear and respond to your medical providers and/or may remember some or all of the procedure. On rare occasions, MAC cannot provide adequate relief, or the medications used to sedate you may severely depress (lower) your breathing or slow your heart rate. In that event, your procedure may require general anesthesia, as explained below.

GENERAL ANESTHESIA: General anesthesia involves the use of intravenous (injected through a catheter into your bloodstream) medications to achieve a total unconscious state. This may involve the use of a breathing tube, which is inserted through your mouth or nose into the windpipe to ensure proper breathing while you are unconscious.

All forms of anesthesia involve some risks. No guarantees or promises can be made that you will not suffer a side effect or complication from your anesthesia. The determination of what type(s) of anesthesia are best for you depend on many factors including your physical condition, the type of procedure you are undergoing and the preferences of you and your physician. Rare, unexpected and *severe complications* can occur with all forms of anesthesia, including *infection; drug or allergic reactions; vision loss; nerve injury with loss of sensation or function; paralysis; stroke; bleeding; blood clots; damage to liver, kidney, lungs; heart attack; brain damage and even death.* Common side effects and specific complications of particular types of anesthesia include, but are not limited to those identified below.

Risks and common side effects of sedation/anesthesia include:

- Nausea and/or vomiting
- Mild to moderate decreases in blood pressure and/or heart rate
- Injuries to the mouth, lips and surrounding areas
- Aspiration (inhaling stomach contents into the lungs), asthma attacks, and pneumonia (lung infection and/or swelling)
- Convulsion/seizure
- Swelling, tenderness, bleeding and bruising at injection site
- Infection, swelling or other damage to blood vessels
- Soreness of the throat and hoarseness
- Nodules, polyps, or other damage to the vocal cords or windpipe
- Esophageal injury from gastric (stomach) tubes and/or esophageal dilators
- Rarely, there can be awareness under anesthesia and dreams during anesthesia may be confused with recall of real events.

Teeth and dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, regardless of the care provided. By signing this consent, you are acknowledging that neither your anesthesia providers, physician, the facility, nor the company employing or engaging the anesthesia providers will be responsible for any dental damage or repair costs.

In order to minimize the possibility of aspiration, the patient is required not to eat or drink anything for a period of time before the procedure. It is extremely important not to eat or drink anything during this time because aspiration of food or stomach contents can lead to severe pneumonia, respiratory failure, and death.

I understand that the administration of anesthesia will be supplied by, or under the direction and responsibility of the anesthesia providers, which may include anesthesiologists, certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs) and from time to time, other healthcare professionals in training may be involved in my care and treatment.

(Patient Label)

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Independent Practitioners: I understand and agree that the anesthesia providers who furnish services to me are independent practitioners exercising their independent clinical judgment. They **are not employees or representatives (agents)** of the surgery center.

By signing below, I HEREBY CERTIFY that I have read this consent form (or had it read to me) and that my anesthesia provider has fully explained it to me. I have had the opportunity to ask questions, all of which were answered to my satisfaction. I understand my anesthetic options, alternatives, and the substantial and material risks and benefits of the proposed anesthesia. **I do hereby consent** to the administration of my chosen anesthesia, or changes to the plan as may be considered necessary.

I attest that I am 18 years of age or older, my judgment is not impaired by any legal or illegal substance, and I am signing this consent of my own free will and have not been forced by any person to consent to this procedure.

Signature of Patient or Authorized Representative/
Relationship to Patient

Witness to Signature

Date/Time

I certify that I have explained to the patient (parent/Authorized Representative) the anesthesia options and medically acceptable alternatives, the material or substantial risks and benefits (both short and long-term) and have allowed the patient (parent/Authorized Representative) to ask questions.

Anesthesia Provider's Signature

Date/Time