



INFORMED CONSENT FOR OPERATION AND ANESTHESIA

I hereby authorize _____ and whomever he/she designates as his/her assistants, to perform the following procedure(s) _____

Overlapping Surgery or Procedure: I understand that _____ will be present during the key/critical portions of the surgery or procedure and that once these portions of the surgery are completed, he/she may leave the operating room. I also understand that even if the Doctor listed above leaves the operating room where I am having my surgery, he/she is, at all times during my surgery, immediately available to assist with my surgery, if necessary, or will ensure another qualified surgeon is immediately available to assist and/or supervise.

If any unforeseen condition arises in the course of the operation calling on his/her judgment for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable.

The nature and the purpose of the operation, possible alternate methods of treatment, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I consent to the disposal of any tissue or parts, which may be removed by authorities of this center.

I also consent to the admittance of authorized medical observers and students to the operating room for the purpose of advancing medical and nursing education.

I consent to testing for HIV and Hepatitis in the event of an incidental exposure of my blood or body fluids to an employee of ROSC.

I understand that:

- The amount of anesthesia to be used will depend upon the procedure(s) and my physical condition.
- Anesthesia is a specialty medical service, which manages patients who are rendered unconscious with diminished response to pain and stress during the course of the medical/surgical procedure.
- During the course of the procedure, conditions may require additional or different anesthesia monitoring techniques and I allow that the anesthesiologist provide any other necessary services for my benefit and well-being.
- Although serious harm and death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure.

TYPE OF ANESTHESIA AND DEFINITIONS

A. General Anesthesia

- 1. Endotracheal Anesthesia** – Anesthesia or respiratory gasses are passed through a tube that is placed in the trachea (windpipe) via the nose or mouth.
- 2. Mask Anesthesia** – Gases are passed through a mask, which covers the nose and mouth.
- 3. Laryngeal Anesthesia** – Gasses are passed through a mask behind the tongue, which covers the larynx (voice box).

B. Regional Anesthesia



- 1. Epidural Anesthesia** – The anesthetic agent is injected into the epidural space to produce a loss of sensation.
- 2. Spinal Anesthesia** – The anesthetic agent is injected into the spinal subarachnoid space to produce a loss of sensation.
- 3. Nerve Block** – Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

C. Monitored Anesthesia Care (MAC)

- 1.** The anesthesia personnel monitor blood pressure, oxygenation, pulse, mental state and supplement sedation and anesthesia as appropriate.

D. Local Anesthesia

- 1. Local Anesthesia** – Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example at the surgical/procedure site.
- 2. Topical Anesthesia** – Surface anesthesia is a procedure by direct application of anesthetizing agent on the skin.
- 3. Conscious (procedural) Sedation** – Involves the use of intravenous medications administered by licensed nursing personnel under the direct supervision of a physician.

RISKS AND COMPLICATIONS OF ANESTHESIA MAY INCLUDE BUT ARE NOT LIMITED TO:

Allergic/adverse reaction, aspirations back ache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling or redness, muscle aches, nausea, ophthalmic (eye) injury, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site injection of anesthesia and death. I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia described to me. I recognize the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

Patient or Authorized Person Signature	Date /Time	Print Name	Relationship to patient
Witness Signature	Date/Time	Print Name	
Anesthesiologist Signature	Date/Time	Print Anesthesiologist Name	

PHYSICIAN'S DECLARATION: I have explained the operation/procedure, risks and alternatives to the patient, and have answered all the patient's questions. To the best of my knowledge, I feel the patient has been adequately informed and has consented.

Signature of informational physician: _____ Date: _____ Time: _____