

### Consent for Anesthesia and Pain Relief

<b>General Anesthesia</b>	Technique	Medicines injected into the bloodstream and breathed into the lungs using a tube placed in the windpipe or throat after unconsciousness.
	<i>Expected Result</i>	Total unconsciousness during surgery
	Specific Risks	Breathing stomach contents into the lungs, pneumonia, nausea and vomiting, mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, nerve injury.
<b>Spinal or Epidural Anesthesia</b>	Technique	Medicines injected through a needle or tube placed between the bones of the back.
	<i>Expected Result</i>	Temporary loss of feeling and/or movement to the lower part of the body or to the chest and belly.
	Specific Risks	Convulsions, headache, backache, nausea and vomiting, nerve injury- permanent weakness, numbness, or pain.
<b>Peripheral Nerve Block</b>	Technique	Numbing medicines injected through a needle or tube placed near nerves of a limb, part of a limb, chest wall, or belly.
	<i>Expected Result</i>	Temporary loss of feeling and movement of a limb or part of a limb, chest wall, or belly.
	Specific Risks	Convulsions, injury to blood vessel, nerve injury – permanent weakness, numbness, or pain. Lung collapse with some blocks.
<b>Intravenous Regional Anesthesia</b>	Technique	Numbing medicine injected into a vein of an arm while using a tourniquet.
	<i>Expected Result</i>	Loss of feeling and movement of arm during surgery.
	Specific Risks	Convulsions, nerve injury, injury to blood vessels.
<b>Sedation with Constant Monitoring (Monitored Anesthesia Care or MAC)</b>	Technique	Medicines injected into the bloodstream, producing a semiconscious or unconscious state.
	<i>Expected Result</i>	Reduced anxiety and pain, partial or total unconsciousness, amnesia.
	Specific Risks	Slowed breathing, nausea and vomiting, injury to blood vessels.

- I have read this form or had it read to me
- I understand that I will speak with an anesthesiologist and have a chance to ask questions and give consent
- The types of anesthesia and my options will be explained to me by the Anesthesiologist
- I believe I have enough information to give my permission for you to use these as needed
- I understand that the Doctor interviewing me works as part of a team, and that other anesthesiologists may provide relief to my anesthesiologist
- I will have the opportunity to help decide the type of anesthesia

**Signature (Patient/Parent/Legal Guardian)** \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

If signed by other than patient, indicate relationship \_\_\_\_\_

**Consent obtained by**

\_\_\_\_\_  
**Anesthesiologist**

\_\_\_\_\_  
**Date and Time**

Name _____	Identification# _____
Date of Birth _____	Date of Surgery _____
Physician _____	