

The Advanced Surgical Institute

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PATIENT CONSENT TO ANESTHESIA

I understand that: (initial below)

- _____ I will need anesthesia services for the surgical procedure(s) to be done on _____ (date), and that the type of anesthesia to be used will depend on the procedure and my physical condition.
- _____ Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of medical, surgical or obstetrical procedure.
- _____ During the course of this surgical procedure, conditions may require additional or different anesthetic monitoring or techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.
- _____ In addition to the anesthesiologist whose name appears on this document, my anesthetic services may be provided by other anesthesiologists.
- _____ No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have.

Types of Anesthesia and Definitions

A. General Anesthesia

1. Endotracheal Anesthesia: anesthetic and respiratory gases are passed through a tube 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

B. Regular Anesthesia

1. Epidural Anesthesia: a small catheter is inserted into epidural (spinal) space so that anaesthetizing agents may be given to prolong the duration of anesthesia.
2. Spinal Anesthesia: the anesthetic agents are injected into specific areas to inhibit nerve transmission.

C. **Monitored Anesthesia Care (MAC)**: includes the monitoring of at least blood pressure, oxygenation, pulse and mental state, supplementing and analgesia as needed.

Risks and complications: may include but are not limited to: allergic / adverse reaction, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling, and/or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for 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. I agree to the administration of the anesthesia prescribed for me. I recognized the alternative to acceptance of anesthesia might be no anesthesia for the procedure.

PATIENT SIGNATURE

DATE

ANESTHESIOLOGIST'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE