



\* C O N S 1 0 0 1 \*

I, \_\_\_\_\_ have been scheduled for the Surgery / Procedure as outlined in my **surgical consent form**. I understand that anesthesia services are needed so that my doctor can perform the operation / procedure. It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **Although rare, unexpected complications can occur with each type of Anesthesia. Complications include the possibility of unintended awareness, infection, bleeding, drug reactions, blood clots, nerve injury, loss of sensation, laryngeal injury, loss of vision, loss of limb function, paralysis, stroke, convulsions, brain damage, heart attack, vomiting and aspiration, pneumonia or death.** I understand that my procedure may require unusual positioning that can predispose to compression injuries such as nerve injuries, and blindness in rare cases.

I understand that these risks apply to ALL forms of anesthesia. The anesthesia technique is determined by many factors including my physical condition, the type of procedure proposed, surgeon and anesthesia provider preference, and my preference. I understand that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore, another technique, including general anesthesia, may have to be used.

I have been advised that dental devices such as dentures, bridges, caps, crowns, veneers, fillings, etc. are more subject to damage than normal teeth during surgical and anesthesia procedures. I have also been advised, that all removable teeth should be removed by me before anesthesia and I agree that the responsibility for loss or damage will be mine, if I fail to remove such teeth.

I understand that during the procedure, conditions may be discovered that require emergency, additional or different procedures than those planned, and I authorize the performance of such other procedures, including the administration of blood or blood products, which in the exercise of professional judgment are deemed necessary and advisable,

EXCEPT: \_\_\_\_\_

I understand I am responsible for arranging a ride home and that I am not to drive, operate equipment or drink alcoholic beverages for 24 hours following the procedure.

I understand the importance of providing my health care providers with a complete medical history, including the need to disclose any medications that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol, or any type of illegal drug may give rise to serious complications and must also be disclosed. I further understand that I should **disclose any allergies, and complications or problems with previous anesthetics.**

I authorize COMPREHENSIVE ANESTHESIA CARE, PC, to provide my anesthesia. An Anesthesiologist, or Certified Registered Nurse Anesthetist (working under supervision of an Anesthesiologist) will administer my anesthesia.

I acknowledge that I have read this form or had it read to me, that I understand the risks, benefits, alternatives and expected results of the anesthesia service. I had ample time to ask questions. All questions have been answered to my satisfaction.

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Anesthesia Provider's Signature

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Patient's Signature

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Date

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Time

Patient is unable or unwilling to sign acknowledgment.

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Legal Guardian / Patient Representative

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Relationship to Patient

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Witness

## CONSENT FOR ANESTHESIA SERVICES

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St. Luke's Hospital

232 S. Woods Mill Road Chesterfield, MO 63017

Common Anesthetic Techniques		
General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe (trachea)
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia
Spinal or Epidural Analgesia/Anesthesia	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body
	Technique	Drug injected through a needle/catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal"
Major/Minor Nerve Block	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, failed block
Intravenous Regional Anesthesia	Expected Result	Temporary loss of feeling and/or movement of a limb
	Technique	Drug injected into veins of arm or leg while using a tourniquet
	Risks (include but not limited to)	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels
Monitored Anesthesia Care	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the bloodstream, breathed into the lungs or by other routes, producing a semi-conscious state
	Risks (include but not limited to)	An unconscious state, depressed breathing, injury to blood vessels
Monitored Anesthesia Care	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention
	Technique	None
	Risks (include but not limited to)	Increased awareness, anxiety and/or discomfort

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