

VISION ANESTHESIA

CONSENT

I acknowledge that it has been explained to me that anesthesia services are needed so that my doctor can perform the operation or procedure(s) I have scheduled.

Although rare unexpected severe complications with anesthesia can occur and include the unlikely possibility of infection, bleeding, drug reactions, changes in blood pressure, blood clots, loss of sensation, paralysis, stroke, brain damage, heart attack or death. Some, but not all of the common risks are nausea, injury to the eye, vein irritation and swelling or bruising at the IV site. If the placement of airway devices in the mouth or nose is needed to maintain an open airway this may cause dental or nose damage or laceration of the lips or gums. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they apply to a specific type of anesthesia. I understand the types of anesthesia checked below are planned for my procedures and that the anesthetic method to be used is determined by many factors including my physical condition, the type of procedure my doctor is planning to do his or her preference, as well as my own desire. I understand that sometimes techniques that involve the use of local anesthetics, with or without sedation, may not succeed completely and therefore other techniques may have to be used.

TYPES OF ANESTHESIA	TECHNIQUE	EXPECTED RESULTS	RISKS
<input type="checkbox"/> Eye Block Anesthesia <input type="checkbox"/> With Sedation <input type="checkbox"/> Without Sedation	Local Anesthetic Drug injected around eye near nerves that provide a loss of sensation to the eye	Temporary loss of feeling and movement of the eye.	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels, injury to muscles resulting in drooping lid or double vision, hemorrhage, injury to the globe, injury to the optic nerve.
<input type="checkbox"/> Topical Anesthesia <input type="checkbox"/> With Sedation <input type="checkbox"/> Without Sedation	Application of Anesthetic (numbing) eye drops	Temporary loss of feeling to the eye	
<input type="checkbox"/> Local Anesthesia	Injection of Local Anesthetic Drug beneath the skin	Temporary loss of feeling to the area	Infection, persist numbness, residual pain, injury to blood vessels.
Monitored Anesthesia Care (With Sedation)	Drug injected into the bloodstream producing a semi-conscious state.	Reduced anxiety and pain, partial or total amnesia.	Nausea, an unconscious state, depressed breathing, injury to blood vessels.
<input type="checkbox"/> Monitored Anesthesia Care (Without Sedation)	No drugs injected into the bloodstream	Measurement of vital signs, availability of anesthesia provider.	Awareness, anxiety and/or discomfort.

MAC (MONITORED ANESTHESIA CARE) IV ANESTHESIA WITH/WITHOUT

SEDATION: 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. Your level of sedation may vary from light to deep, depending on your response to the medications and your clinical needs. The intended plan for anesthesia is minimal to moderate. While receiving anesthesia with or without sedation, 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. Although rare, your level of sedation may unintentionally progress to general anesthesia, depending on your response to the medications given. Rarely, MAC cannot provide adequate relief or the medications used to sedate you may severely depress (lower) your breathing or slow your heart rate, requiring use of general anesthesia.

TYPE	RESPONSIVENESS	AIRWAY (CARDIOVASCULAR)	SPONTANEOUS VENTILATION
MINIMAL	Normal to verbal stimulation	Unaffected (Unaffected)	Unaffected
MODERATE	Purposeful response to verbal or tactile stimulation	No intervention required (Usually maintained)	Adequate
DEEP	Purposeful after repeated or painful stimulation	Intervention may be required (Usually maintained)	Usually maintained
GENERAL ANESTHESIA	Unarousable to painful stimulation	Often inadequate (May be impaired)	May be impaired

I hereby consent to the anesthesia indicated and authorize that it be administered by a CRNA. I also consent to an alternative type of anesthesia, if necessary, as determined by my physician.

Summary:

The advantages and disadvantages, risk and possible complications of anesthesia have been explained to me. Although it is impossible for me to be informed of every possible complication that may occur, I have had all of my questions answered to my satisfaction. In signing this informed consent for anesthesia, I am stating that I have read the informed consent (or it has been read to me) and I fully understand it and the possible risk complications and benefits that can result from anesthesia

Signature of Patient or Parent/
Authorized Representative/Relationship to patient

Witness

Date/Time

Anesthesia Provider Signature

Date/Time