

# ANESTHESIA REQUEST RISK DISCLOSURE FORM

We select the type of anesthesia based on what we normally plan for your surgery, your medical condition, and what your surgeon prefers. Anesthesia is also planned based on what you want. Please use this form to understand what we do for anesthesia and to show that you give consent.

## An Explanation of Anesthesia and Pain Relief

<input type="checkbox"/> <b>General Anesthesia</b>  (with or without a breathing tube)	Technique	Medicines put into your IV will make you unconscious. A breathing tube may be put into your windpipe or throat after you are unconscious. Medicine breathed through this tube will keep you unconscious while a machine may breathe for you. If numbing medicines are used to keep you comfortable, you will likely not need a breathing tube, medicines breathed in, or a breathing machine. Instead, constant IV medicines will keep you asleep.
	Expected Result	You will not be aware during surgery.
	Specific Risks	Nausea and vomiting, mouth or throat pain, hoarseness, injury to mouth, teeth or eye, breathing stomach contents into the lungs, Pneumonia, permanent weakness, numbness, or pain from a nerve injury. Becoming aware of what's going on during surgery.
<input type="checkbox"/> <b>Epidural, Spinal, or Caudal Anesthesia</b>	Technique	Medicine put through a needle or tube between the bones of your back will numb your body.
	Expected Result	You will temporarily lose feeling and movement to the lower part of your body, or to your chest and belly. You will have pain relief for a period of time after surgery.
	Specific Risks	Nausea and vomiting, headache, backache, or having a seizure, permanent weakness, numbness, or pain from a nerve injury.
<input type="checkbox"/> <b>Peripheral Nerve Block</b>	Technique	Medicine put through a needle or tube near nerves of your arm, leg, chest, or belly will numb your body.
	Expected Result	You will temporarily lose feeling and movement of all or part of a limb, your chest, or belly. You will have pain relief for a period of time after surgery.
	Specific Risks	Soreness or bruising, injury to a blood vessel, having a seizure, permanent weakness, numbness, or pain from a nerve injury. Lung collapse with specific types of peripheral nerve blocks.
<input type="checkbox"/> <b>Bier Block</b>	Technique	Medicine put through an IV into a vein of your arm.
	Expected Result	You will lose feeling and movement of an arm during surgery.
	Specific Risks	Having a seizure, injury to blood vessels, or permanent weakness, numbness, or pain from a nerve injury.
<input type="checkbox"/> <b>Sedation</b>	Technique	Medicine put into your bloodstream through an IV will make you less aware.
	Expected Result	You will be less aware and less anxious during surgery.
	Specific Risks	Nausea and vomiting, slowed breathing, injury to a blood vessel.



## An Explanation of Special Procedures

<input type="checkbox"/> <b>Arterial Line</b> <input type="checkbox"/> <b>Central Line</b> <input type="checkbox"/> <b>Pulmonary Artery Line</b> <input type="checkbox"/> <b>TEE</b> <input type="checkbox"/> <b>Lumbar Drain</b> <input type="checkbox"/> <b>Intubation while Sedated</b> <input type="checkbox"/> <b>Postoperative Ventilation</b>	Technique	<input type="checkbox"/> a tube put in an artery of your arm or leg to monitor pressures <input type="checkbox"/> a tube put in a vein of your neck or chest to monitor pressures <input type="checkbox"/> a tube put in your neck or chest to monitor heart pressures <input type="checkbox"/> an ultrasound probe put into your throat to monitor your heart <input type="checkbox"/> a tube put between the bones of your back to remove spinal fluid <input type="checkbox"/> a breathing tube put in with you breathing and sedated for safety <input type="checkbox"/> a breathing tube left in after surgery for your safety
	Expected Result	Better safety of anesthesia or surgery care, monitoring, blood sampling, or putting medicines into veins
	Specific Risks	<input type="checkbox"/> Injury to blood vessels and heart. <input type="checkbox"/> Lung collapse. <input type="checkbox"/> Irregular heart rhythm. <input type="checkbox"/> Mouth or throat pain, hoarseness, injury to mouth or teeth. <input type="checkbox"/> Headache, backache, or permanent weakness, numbness, or pain from nerve injury.

## Consent for the Transfusion Blood or Blood Components

<input type="checkbox"/> <b>I hereby authorize and consent to the transfusion of blood or blood components during my treatment.</b>  <input type="checkbox"/> <b>I will not accept a blood transfusion as a life saving measure.</b>	<p>I hereby acknowledge that I understand the following list of items or that they have been explained to me:</p> <ul style="list-style-type: none"> <li>• I understand that I may need a transfusion of blood or one of its components in the interest of my health and proper medical care. I understand what a transfusion is and the procedures that will be involved.</li> <li>• Although the blood has been carefully tested, I understand there are possible risks such as unexpected reactions or transmission of viral hepatitis, AIDS, and other infectious agents.</li> <li>• Alternatives to blood transfusion, if any, have been explained to me.</li> <li>• I understand that no guarantee as to the outcome of these transfusions has been made.</li> <li>• I understand that I may revoke this consent for a transfusion at any time.</li> </ul>
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All types of anesthesia carry some risk of severe complications. Although rare, these include infection, drug reactions, blood clots, paralysis, stroke, heart attack, brain damage, and death. Anesthesia could injure a fetus if you are pregnant. Sometimes, the type of anesthesia may be changed during surgery to better care for you or aid the surgeon's task.

**I have read this form or had it read to me. I understand what it says. I have been given a chance to ask questions and have them answered. Types of anesthesia, special procedures, and transfusions have all been explained. I have enough information to give my permission to use these as needed.**

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature of the patient</b> (or the patient's legal representative authorized to sign for the patient)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Witness</b> (only necessary in the event of telephone consent or if the patient signs with an "X" mark)
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I have discussed the contents of this form with the patient (or legal representative authorized to sign).

Person obtaining the signature	Physician obtaining consent		/	/		( : )
			Date			Time

