

I request anesthesia to reduce pain and/or awareness during my procedure. I understand that complications may occur with any type of anesthesia in any patient.

These risks, although rare, may include the possibility of aspiration (inhalation of stomach contents or saliva), respiratory depression (diminished breathing requiring possible mechanical airway support), hemodynamic instability (pulse/blood pressure changes), intra-operative recall (remembering), malignant hyperthermia (high fever), hypothermia (low temperature), infection, bleeding, allergic reactions, drug interactions, loss of sensation or limb function, paralysis, stroke, blindness, death, injuries of the blood vessels, skin, brain, heart, kidney, liver or lung.

More specific risks have been identified below as they apply to a specific type of anesthesia. I understand that the type(s) of anesthesia checked below is to be determined by many factors including my physical condition, type of procedure my surgeon is to do, his or her own preference, as well that of myself and you, the anesthesiologist.

**GENERAL** = temporary loss of consciousness and profound muscle relaxation is accomplished by drug delivery intravenously and/or inhalation via an airway device inserted into or near the windpipe through the mouth or nose. Specific risks included mouth/throat pain, nausea, vomiting, shivering, incision anesthesia, aspiration, pneumonia, inability to be ventilated.

**MAC (MONITORED ANESTHESIA CARE)** = reduced anxiety and pain with partial or total amnesia is accomplished by administration of intravenous drugs, possibly accompanied by local anesthesia injected by the surgeon at the operative site. Specific risks include unexpected agitation or excessive sedation which necessitates conversion to general anesthesia, aspiration, respiratory depression, and pain during the operation.

**REGIONAL ANESTHESIA or NERVE BLOCK** = providing temporary loss of sensation and movement of affected area is accomplished by injection of local anesthetic near peripheral nerves. Specific risks include inadequate numbness requiring conversion to general anesthesia, seizure, bleeding, infection, prolonged numbness/weakness, lung collapse, nerve injury, hoarseness, and respiratory depression.

The above risks include, but are not limited to the listed complications. I hereby consent to the anesthesia technique checked above and authorize the anesthesia physicians at this facility, all of whom are credentialed to provide anesthesia services. Any documents or photographs taken may be used for peer review, quality assurance, or review by accreditation services.

I certify that I have read this form or had it read to me, that I understand the risks, alternatives, and expected results of the anesthesia service, and that I had time to ask questions and to consider my decision. I have been truthful and complete in reporting my state of health. I have followed preoperative fasting and have made arrangements for a responsible adult to accompany me upon discharge home. I understand that I should not drive for 24 hours after my procedure.

Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

\_\_\_\_\_  
**Anesthesiologist's Signature**

\_\_\_\_\_  
Patient/Other Legally Responsible Person's Signature

\_\_\_\_\_  
Relationship of Legally Responsible Person to Patient

\_\_\_\_\_  
Witness Signature

**PACIFIC ENDO-SURGICAL  
CENTER**

**AUTHORIZATION FOR ANESTHESIA**