

Informed Consent for Anesthesia

Naval Hospital Bremerton, WA
Anesthesia Department

Information. There are several ways to administer anesthesia, and an anesthesia provider will discuss your options with you before surgery. **Local anesthesia** (medicine that numbs the surgical site) is administered by the surgeon and may be combined with sedation provided by an anesthesia provider. **Regional anesthesia** (nerve blocks, epidural, spinal) refers to the injection of a local anesthetic near major nerves to “numb” specific areas of the body and is often combined with light sedation. **General anesthesia** is a technique using intravenous medications and gases to keep you deeply asleep. This will often be combined with medications to relax muscles and methods to provide adequate oxygen. Some operations can only be performed under General Anesthesia. Although the delivery of anesthesia has become increasingly safe and effective, there are potential risks associated with receiving any form of anesthesia.

1. Complications and Risks. I understand that in addition to the risks of surgery, anesthesia of any type carries its own risks. Complications that may arise include, but are not limited to the following: nausea/vomiting, headache, back pain, damage to blood vessels, teeth, eyes, nose and skin, sore throat, vocal cord injury, windpipe injury, urinary retention, changes in smell and taste, reactions to drugs, failure to recover from anesthesia, respiratory problems, drug reaction, infection, nerve injury, paralysis, kidney damage, brain damage, awareness during surgery, and injury to an unborn fetus. There is a remote possibility of death as a complication of any type of anesthetic.

2. Understanding. I understand that my anesthetic will be given by a staff Anesthesiologist or Certified Registered Nurse Anesthetist. I understand that I should not engage in activities requiring unimpaired physical and mental ability (e.g. driving) for 24 hours after completion of the surgical procedure. I understand that I may refuse an anesthetic, but that surgery may not then be feasible.

3. Consent. I have had adequate opportunity to discuss the risks and benefits, potential complications, alternatives, potential for failure, consequences of non-treatment, and potential problems related to recovery. I accept these risks and desire to proceed. I understand that during the administration of my anesthetic, conditions may arise which require modification or extension of the anesthetic plan. I therefore consent to procedures that good medical judgment considers wise and prudent if it is medically undesirable to delay the procedure until after my further written consent has been obtained.

I have read the above paragraphs. _____

Anesthetic plan: (circle as applicable)

General **Spinal/Epidural** **Regional block** **Sedation** **Other (describe)**

Alternatives: (if "none", please indicate) _____

For Peripheral Nerve Blocks/Interventional Pain procedures: The site has been appropriately verified and marked. A “time out” consistent with the Anesthesia SOP for Correct Site Procedure for Peripheral Nerve Blockade was conducted. Circle One: Right Left B/L N/A

Proposed Procedure: _____ Provider Initials Date / Time

Counseling anesthesia provider: I have counseled this patient as to the nature of this proposed procedure(s), the risks involved, and the expected results as described above.

Signature of anesthesia provider performing the anesthetic Date / Time

Patient/Sponsor or Guardian: I understand the nature of the proposed procedure (s), the associated risks, and expected results as described above, and hereby request such procedures be performed.

Signature of Witness Signature of Patient, Sponsor or Guardian Date / Time

Patient Identification: