

I have been asked to read all the information in this consent form and to consent to anesthesia. I have been told that I should ask questions about anything that I do not understand. The information about anesthesia described in this form, in addition to discussions with my Anesthesiologist and other anesthesia providers, and any other written materials they may provide, is intended to help me make an informed decision.

The type(s) of anesthesia indicated by a mark below will be used for my surgery or procedure. I understand that during the actual surgery or procedure it may be necessary to alter the type of anesthesia provided based on my medical condition and/or conditions related to the surgery/procedure.

Types of Anesthesia and Definitions: Please place a "✓" in the box adjacent to the identified anesthesia plan that is agreed upon between the patient and the anesthesia care provider.

A. Monitored Anesthesia care (MAC)

- Sedation administered and monitored under the direction of the credentialed licensed independent practitioner. This plan of care includes continual monitoring of blood pressure, oxygenation, pulse rate/rhythm, level of consciousness. The goal of this type of anesthetic is to provide the patient with comfort and lessen anxiety, but the types of medications used may not provide for full amnesia during the procedure.

B. Deep IV Sedation

- Intravenous medications are administered to induce a state of unconsciousness while maintaining the patient's ability to breathe spontaneously, without the need for airway devices listed under general anesthesia (C.). Vital signs are continuously monitored, and supplemental oxygen is given during the procedure. This anesthesia type is used with minimally stimulating procedures or when the surgical site can be made numb enough by the surgeon or anesthesia team to cause minimal stimulation (pain).

C. General Anesthesia

1. **Mask Anesthesia:** Gases are passed through a mask which covers the nose and mouth or through a Laryngeal Mask Airway (LMA) that is inserted inside the mouth and covers the larynx (windpipe opening).
2. **Endotracheal Anesthesia:** Anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.

D. Regional Anesthesia

1. **Epidural Anesthesia:** Injection of anesthetic agent into the epidural space to produce loss of sensation.
2. **Spinal Anesthesia:** The anesthetic agent is injected into the spinal subarachnoid space to produce loss of sensation.
3. **Nerve Block:** Local anesthetizing agents are injected into specific areas to inhibit nerve transmission.

TYPE OF BLOCK(S): _____

I understand that an anesthesia provider responsible for my anesthesia care (anesthesiologist, certified registered nurse anesthetist, or anesthesia resident) will determine the type of anesthesia to use based upon the type of surgery or procedure and my individual medical and physical characteristics.

I understand that during the surgery or procedure it may be necessary to alter the type of anesthesia provided based upon my medical condition and/or conditions related to the surgery/procedure.

1. An anesthesia provider has explained to me the nature, purpose, risks/consequences of the planned anesthesia and alternative methods of anesthesia if any (including the risks of those alternatives).
2. I understand anesthesia involves risks in addition to the risks of the procedure itself, which may include the following; death, cardiac arrest, cardiac arrhythmia, adverse drug reaction, corneal abrasion (scratch on the surface of the eye), damage to the nose, throat vocal cords, mouth, and esophagus(food tube),respiratory problems (including pneumonia and pneumothorax), damage to arteries or veins, headaches, brain and nerve damage (including paralysis, loss of function, and coma), pain and discomfort in the area of a nerve block, and injury to mouth, teeth, or dental work. I have informed the anesthesia provider of any and all dentures, bridges, caps and crowns or other prosthetic devices I have that are removable, and I have removed them prior to going to surgery. I agree that responsibility for loss or damage will be mine if I fail to inform the anesthesia provider or fail to remove any and all removable dentures, bridges, caps, crowns, or other dental prosthetic devices prior to going to surgery.

UPMC LIFE CHANGING MEDICINE

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PATIENT IDENTIFICATION

3. I understand that some people may experience awareness of some or all of the events of a surgery or procedure and be able to recall these events even though general anesthesia is provided. The risk of this occurring is increased in people who have some types of heart disease, those having emergency surgery or a cesarean section and in patients with a history of awareness during anesthesia or a history of high alcohol intake or chronic use of certain drugs, such as pain relievers. I have been encouraged to let my surgeon or anesthesia providers know if this happens to me or I am at risk.
4. I further understand that there are rare occasions when safety precludes administration of sufficient medication to prevent recall of portions of the procedure.
5. I understand that a certified registered nurse anesthetist (CRNA) may administer some or all of my anesthesia under the supervision of an anesthesiologist, when applicable. Certified registered nurse anesthetists are registered nurses who have had additional concentrated education in the field of anesthesia and anesthesia care and are licensed in this specialty.
6. I understand that the facility is a teaching facility. The health care team may include residents, fellows, students, and others who may assist with or perform all or parts of the administration of anesthesia or performance of medical procedures as deemed appropriate by and under the supervision of the staff anesthesiologist, when applicable.
7. If an accidental exposure to my blood or body fluids occurs to staff during the surgery or procedure I agree to blood tests for hepatitis B, hepatitis C and HIV.
8. The risk associated with blood products are outlined in a separate consent. If you have an objection to receiving blood products even in a life threatening situation, please indicate and initial below.
9. I understand that data may be collected from my anesthesia record and hospital chart for statistical analysis and that these data and analyses may be published. The data in any such publication will be anonymous.
10. I am aware that the practice of medicine is not an exact science. I understand no guarantee or assurance can be made as to results that may be obtained.
11. The goal of anesthesia is to provide pain relief during and immediately after surgery. This may be done using any of the techniques listed, but may also involve the administration of potentially addicting pain killing medications. I understand that a plan should be worked out with the surgeon to wean these medications and minimize the chances of addiction, should these types of medications be necessary to continue in the post-operative period.
12. I consent to the administration of such anesthetics as may be considered necessary or advisable by the health care providers.

PREGNANCY

I understand that elective surgery is not recommended during pregnancy. The stress of surgery and anesthesia may precipitate a miscarriage and the use of some drugs during pregnancy may be associated with congenital defects in the child. I have notified my physician if there is any possibility that I may be pregnant and I understand the risks of proceeding with my surgery if I am pregnant.

Patient/Authorized Person _____
(Signature) *(Printed Name)* *(Date)* *(Time)*

(Relationship to Patient if not the Patient)

Witness _____
(Signature) *(Printed Name)* *(Date)* *(Time)*

Anesthesiologist _____
(Signature) *(Printed Name)* *(Date)* *(Time)*

(Anesthesia Resident or Certified Registered Nurse Anesthetist Signature) *(Printed Name)* *(Date)* *(Time)*

Second Physician _____
(Signature if Emergency Surgery) *(printed name)* *(date)* *(time)*

Check this box if you have an objection to receiving blood products even in a life threatening emergency and initial here: _____



PATIENT IDENTIFICATION

ANESTHESIA CONSENT