

Informed Consent for Anesthesia

Patient Name: _____

I acknowledge that my doctor/dentist has explained to me that I, or my child, will have an operation or treatment procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments, and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed, or I have elected for these services, so that my doctor can perform the procedure.

Anesthesia today is safer and more effective than ever before. In fact, healthy patients are safer with anesthesia than when traveling inside a motor vehicle. However, just like traveling in a vehicle, anesthesia is not free of risks. Severe complications happen very rarely, however permanent disabilities and even death have occurred. It is important to know that your anesthesia provider will continually watch you during the procedure for any possible problems. Your anesthesiologist is board-certified, licensed, permitted, and inspected to safely provide general anesthesia in a dental office.

It is important to tell your anesthesia provider about **medication allergies** and provide a **complete medical history**. Your other medical conditions can become worse during surgery, or may make having anesthesia and surgery more dangerous. It is also very important that you **closely follow the instructions about eating and drinking before your surgery**. Failing to follow these instructions can put you at risk for a life-threatening pneumonia. If you or a family member have a history of **malignant hyperthermia or pseudocholinesterase deficiency**, this must be disclosed prior to undergoing anesthesia.

For general anesthesia, the anesthesia provider will give you medications that will put you to sleep (temporarily unconscious) during the procedure or treatment so you will not be aware of what is happening nor feel any pain or discomfort. A breathing tube may be placed at the discretion of the anesthesiologist. This is determined by: the type of surgery, age of the patient, health conditions, and ASA physical status. This is the same type of anesthesia and care you would receive if this procedure was performed in a hospital. For some dental patients, general anesthesia is not appropriate in a dental office environment, and moderate sedation is indicated for safety concerns. With moderate sedation you will not be unconscious.

The most common side effects of general anesthesia include sore throat, nausea, vomiting, and dizziness. These can occur despite our best efforts to avoid them. There is also a possibility of trauma to lip and oropharyngeal mucosa, damage to teeth, nose bleed, and corneal abrasion. With any medication given, you can have an allergic reaction. Even if you have a severe reaction, your anesthesia providers are usually able to treat these reactions early enough to keep you safe. Rare but severe problems from general anesthesia include heart attack, cardiac arrest, brain damage, pneumonia, nerve damage, and stroke. Very rarely, general anesthesia can fail to sedate you completely and you may remain aware of your surroundings (anesthesia awareness).

Females: I understand that I must inform the anesthesia provider if I am pregnant, a chance of being pregnant, or a lactating mother who breastfeeds their child. Failure to disclose this information could provide harm or possible birth defects to a developing fetus and I accept full responsibility for failure to disclose this information to the anesthesiologist prior to the administration of anesthesia.

Parents: Parents are **NOT** allowed to be present during induction of anesthesia or at any point during the surgical procedure. The same surgical safety protocols are adhered to as if your child was treated in a hospital setting (parental presence is not allowed).

I, _____, acknowledge that I have read and understand the above consent form, I have been as truthful and complete as possible about my medical history, and have had the opportunity to ask questions and have them answered before proceeding with anesthesia.

Signature: _____

Date: _____

HIPAA Privacy Statement: In accordance with the The Health Insurance Portability and Accountability Act of 1996 I understand that information about my health is private. I authorize the use of my private health information to allow for the provision and follow up of my care amongst the healthcare providers either directly or indirectly involved as well as with third party payers.

Print Name: _____

Signature: _____

Date: _____