**Potomac Anesthesiology Associates, P.A.**

**Holy Cross Anesthesiology Associates, P.A.**

**Anesthesia Consent** Patient Sticker

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to and understand that I am choosing to accept anesthesia services for the purpose of my surgical procedure. I understand that all forms of anesthesia involve some risks. We cannot guarantee that problems or complications will not occur during or after your anesthesia or procedure. Common risks include losing, chipping or loosened teeth, other mouth, throat or voice injuries, difficulty breathing during or afterwards, blood pressure changes needing treatment, or other reactions to the drugs used the surgery. Being awake or remembering part of the procedure is also possible. Rare, unexpected and severe complications, such as, permanent injury and death can also occur. You may rarely have injury to cause bleeding, blood clots, numbness, paralysis, stroke or other brain damage, heart attack, other organ damage, infection or death. Risks of complication occur less than 1 in 100,000 of cases. Problems of complications may necessitate admission to a hospital.

 General Anesthesia is given via an IV, breathing into the lungs or via another route. The intent is to make me unconscious and I may require a breathing tube or other instrument in my mouth or windpipe to keep me safe. This device will be removed as you awaken.

 Sedation is administered through an IV with the goal of me being less anxious, comfortable, with less pain and semiconscious. I may be awake or asleep for some or all of the procedure and I may feel some discomfort. Common problems include difficulty breathing, an unexpected reaction to the sedation medications or any of the risks listed above. I may need this anesthesia plan changed to general anesthesia or be awakened for my safety.

 Spinal or Epidural Anesthesia is given by injection through a needle/tube placed very close to the spinal nerves of the lower back. I can expect numbness and loss of muscle control in my lower body. These effects will last for the duration of the medicine (2-4 hours). Complications might include mild backache, headache, transient or permanent nerve injury, a block that doesn’t work or any of the complications above. Treatment of a persistent headache may require additional treatment days later. Sedation may also be administered during the procedure.

 Nerve Block is given by injecting a drug near nerves to provide numbness to a particular region of the body. Uncommon risks include prolonged weakness, numbness or pain which lasts too long, infection, difficulty breathing, a reaction and a block which doesn’t work. Rarely do any of the risks above occur. Nerve blocks may be offered in conjunction with any of the anesthetic techniques above to help reduce your pain after surgery. Generally, and ultrasound is used to reduce complications and improve effectiveness.

I consent to the anesthesia plan discussed above and understand that it will be administered by a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA). I acknowledge that (i) I have given my complete medical history including allergies, drug and alcohol use and any other information which might be important to the management of my care, (ii) I have fully read this form or had it read to me, (iii) I understand the risks and expected results of the anesthesia services and (iv) I understand that any type of anesthesia may be converted to an alternative as deemed necessary for my safety. I have had the opportunity to ask questions and these questions have been answered to my satisfaction.

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time \_\_\_\_\_\_\_\_

Or Guardian

Anesthesia Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time \_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time \_\_\_\_\_\_\_\_