

CONSENT FOR ANESTHESIA SERVICES

Saint Joseph's Hospital of Atlanta

Your physician has consulted with Physician Specialists in Anesthesia, PC (PSA – an independent group of physicians, nurse anesthetists, physician assistant anesthetists, and nurses) for anesthesia services. One of our physicians will visit with you prior to your procedure. Be sure to ask questions and express any concerns regarding anesthesia. The team approach utilized by PSA allows flexible scheduling and efficient use of the operating rooms. This means the anesthesiologist visiting you ahead of time may not be the anesthesiologist reevaluating you prior to your procedure and supervising your anesthetic care.

Anesthesia services are needed so that your surgeon can perform your operation or procedure. All forms of anesthesia involve risks, and no guarantees or promises can be made concerning the results of your procedure or anesthesia. Individual response and outcome cannot always be predicted. Bothersome side effects such as nausea, vomiting, sore throat, muscle pain or dreaming may occur 10-20% of the time; however, these side effects rarely are severe and resolve shortly after surgery. **Although rare, potential injuries** associated with the administration of anesthesia or positioning for surgery that may be permanent include but are not limited to: dental damage, eye injury, blindness, infection, hemorrhage (excessive bleeding), drug reaction (including rash, itching, nausea, vomiting, shock, and cardiac/respiratory arrest), blood clots, numbness, weakness, paralysis, organ damage, heart attack, stroke, nerve damage, brain damage, awareness under anesthesia, lung collapse, retained catheters, and death. These risks apply to all forms of anesthesia and additional or specific risks are identified below that may apply to a specific type of anesthesia.

The type of anesthesia used for your procedure depends on many factors including your physical condition, the surgical procedure, the surgeon's requests, and your own preferences. Your anesthesiologist will discuss this with you to decide the best type for you. Monitored Anesthetic Care, Nerve blocks, Spinals, or Epidurals may, at times, require supplemental sedatives or the addition of General Anesthesia.

General Anesthesia	Expected Result	Total unconscious state, may require placement of an airway into the throat or windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or administered by other routes.
	Risks (include but are not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, nausea, vomiting aspiration, pneumonia.
Spinal or Epidural Block • Surgical anesthesia • Postoperative analgesia	Expected Result	Temporary decrease or loss of feeling and/or movement in lower part of body. Reduced postoperative pain allowing improved recovery.
	Technique	Drug injected through a needle/catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal. Catheter left in place for pain medications.
	Risks (include but are not limited to)	Headache, backache, buzzing in ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels or nerves, itching, nausea, breakthrough pain, persistent back pain, meningitis, paralysis, use of alternative types of pain relief.
Nerve Blocks including IV regional anesthesia • Surgical anesthesia • Postoperative analgesia	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area of the body.
	Technique	Local anesthetic drug injected near nerves or into veins of arm while using a tourniquet providing loss of sensation to the area of the operation.
	Risks (include but are not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to nerves or blood vessels, failed block.
Monitored Anesthetic Care	Expected Result	Reduced anxiety and pain, partial or total amnesia, measurement of vital signs.
	Technique	Drug injected into bloodstream, breathed into lungs, or by other routes, producing a semi-conscious state, availability of anesthesia provider.
	Risks (include but are not limited to)	An unconscious state, depressed breathing, injury to blood vessels, awareness of operative events.
Vascular Catheters • Pulmonary Artery • Central Venous • Arterial Line	Expected Result	Provide venous/arterial access for fluids/medications, measure cardiac function/pressures.
	Technique	Place a special catheter into the large vein of the neck, shoulder or groin with or without another catheter to float into the heart. Catheter placed in artery of wrist, groin or arm.
	Risks (include but are not limited to)	Infection, bleeding, lung puncture requiring a chest tube, repeat placement as required by infectious disease protocol, nerve damage, retained wire, arrhythmia, blood vessel damage
Transesophageal Echocardiography	Expected Result	Examination or monitoring of cardiac function and cardiac structures by ultrasound.
	Technique	Placement of special probe into the esophagus during surgery.
	Risks (include but are not limited to)	Esophageal damage, chest infection, damage to mouth or voice box.

CONSENT: I hereby voluntarily consent to the administration of anesthesia by a member of Physician Specialists in Anesthesia, PC, all of whom are credentialed to provide anesthesia services at this facility, and to all associated procedures that may be necessary and appropriate. I authorize PSA to bill my insurance carriers and provide any necessary medical records for said purpose.

I certify and acknowledge that I have had the opportunity to read this form, that I understand the risks, alternatives and expected results of the anesthesia service and that I have had time to ask questions and to consider my decision.

X _____
 Patient signature or person signing on behalf of patient Date Time

 Relationship to patient (if signed by person other than patient) Date Time

X _____
 Witness Date Time

PATIENT LABEL