



## CONSENT FOR ANESTHESIA SERVICES

### Emory Saint Joseph's Hospital

Your physician has consulted with Physician Specialists in Anesthesia, PC (PSA – an independent group of physicians, nurse anesthetists, physician and anesthesiologist assistants, nurse practitioners, and nurses) for your anesthesia services. One of our physicians will visit with you before 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 before your procedure and supervising your anesthetic care.

Anesthesia services are needed so that your physician or surgeon can perform your operation or procedure. All forms of anesthesia involve some risks, and no guarantees or promises can be made concerning the results of your procedure or anesthesia. An individual's response and the 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. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS (WHICH CAN RANGE FROM MILD TO LIFE-THREATENING), BLOOD CLOTS, LOSS OF SENSATION, EYE INJURY, BLINDNESS, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, DELIRIUM OR CONFUSION, ORGAN DAMAGE, HEART ATTACK, OR DEATH. OTHER RISKS INCLUDE TOOTH OR DENTAL DAMAGE, LUNG COLLAPSE, RETAINED CATHETERS OR GUIDEWIRES, AND AWARENESS UNDER SEDATION OR ANESTHESIA.** I understand that these risks apply to **ALL** forms of anesthesia and that additional or specific risks have been identified below as they 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 preferences. Your anesthesiologist will discuss this with you. An anesthesia technique that involves the use of local anesthetics, with or without sedation, may sometimes not succeed completely and another technique may have to be used, including general anesthesia with the insertion of a breathing tube or airway.

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 not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, nausea, vomiting aspiration, pneumonia, interference with hormonal birth control meds.
Spinal or Epidural Blocks/Catheters • Surgical Anesthesia • Postoperative Analgesia • Lumbar Spinal Drains	Expected Result	Temporary decrease or loss of feeling and/or movement in lower part of body. Reduced postoperative pain allowing improved recovery. Lumbar Drain— Remove spinal fluid for spinal cord protection.
	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 or drainage.
	Risks (include but not limited to)	Headache, backache, buzzing in the 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 drugs injected into body tissues, near nerves, or into veins of an extremity while using a tourniquet, to provide loss of sensation to the area of the operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, injury to nerves or blood vessels, failed block or residual pain requiring additional anesthesia or pain medications.
Monitored Anesthetic Care	Expected Result	Reduced anxiety and pain, partial or total amnesia, measurement of vital signs.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes, producing a semiconscious state, and availability of anesthesia provider to monitor.
	Risks (include but not limited to)	An unconscious state, depressed breathing, injury to blood vessels, awareness of operative events.
Vascular Catheters • Pulmonary Artery • Central Venous • Arterial Line • Coronary Sinus Catheter	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. A catheter placed in an artery of wrist, groin, or arm.
	Risks (include but not limited to)	Infection, bleeding; lung, heart, or blood vessel puncture requiring surgery or drainage tube insertion; nerve damage, retained wire, arrhythmia.
Transesophageal Echocardiography	Expected Result	Examination or monitoring of cardiac function and cardiac structures by ultrasound.
	Technique	Placement of a special ultrasound probe into the esophagus during surgery.
	Risks (include but not limited to)	Esophageal damage, chest infection, and damage to teeth, mouth, or voice box.

**CONSENT:** I hereby voluntarily consent to the administration of anesthesia by a member of Physician Specialists in Anesthesia, PC, by providers who 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**

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Relationship to Patient (if signed by a person other than the patient)

**X** \_\_\_\_\_  
Witness (If Phone Consent or Via Interpreter) **Date Time**

**X** \_\_\_\_\_  
Anesthesia Provider or Designee (MD/DO/CAA/CRNA/NP/PA) **Date Time**

<p><b>MRC Origin: 10-08-19</b> <b>MRC Revised: 08-08-19</b> <b>DIN: 10735-002</b></p>
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**Patient Label**