



CENTURION ANESTHESIA
AMBULATORY AND OFFICE BASED ANESTHESIA

ANESTHESIA CONSENT AND RISK DISCLOSURE FORM

We select the type of anesthesia based on what we normally plan for your surgery, your medical condition, and what your surgeon prefers. The type of anesthesia proposed for this operation/procedure is one of the following:

Explanation of Anesthesia and Pain Relief

<input type="checkbox"/> General Anesthesia (with or without a breathing tube)	Technique	Medication is inhaled through a mask or injected into the veins. A narcotic (painkiller) and muscle relaxant are also used. A tube may be placed into trachea (windpipe) to assist with breathing. The patient is unconscious (asleep) during surgery.
	Specific Risks	Allergic reaction to the anesthetic medication, injury to the mouth, vocal cords or teeth, awareness or memory of the surgery, hoarseness, sore throat, aspiration pneumonia (inhaling of stomach contents into lungs), brain damage, heart attack and death.
<input type="checkbox"/> Epidural, Spinal, or Caudal Anesthesia	Technique	Medicine put through a needle or tube into the spinal canal to produce temporary loss of feeling and movement in lower part of the body.
	Specific Risks	Allergic reaction to anesthetic medication, headache, backache, infection, bleeding, blood clot, prolonged or persistent numbness and/or weakness, seizure, cardiac arrest and death.
<input type="checkbox"/> Peripheral Nerve Block	Technique	Medicine put through a needle or tube near nerves of your arm, leg, chest, or belly will numb that part of the body.
	Specific Risks	Allergic reaction to the anesthetic medication, nerve damage, loss of function or sensation in the limb, infection, bruises, bleeding, blood clot, continued pain, numbness or weakness, seizure and death. Lung collapse with specific types of peripheral nerve blocks.
<input type="checkbox"/> Sedation	Technique	Your vital signs are monitored, and medicine is put into your bloodstream through an IV will make you less aware.
	Specific Risks	Allergic reaction to anesthetic medication, loss of consciousness, depressed breathing, cardiac arrest and death.

All types of anesthesia carry some risk of severe complications. Although rare, these include infection, drug reactions, blood clots, paralysis, stroke, heart attack, brain damage, and death. Anesthesia could injure a fetus if you are pregnant. Sometimes the type of anesthesia may be changed during surgery to better care for you or aid the surgeon's task.

My physician has fully explained to me the risks (both during administration of anesthesia and during the recuperation period), benefits and possible alternatives to administration of anesthesia, including not undergoing the procedure. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the administration of anesthesia.

I hereby consent to the participation in the procedure of one or more of the attending anesthesiologists named on the list below, and associates or assistants of his/her choice.

I UNDERSTAND THAT EATING AND/OR DRINKING WITHIN THE LAST EIGHT (8) HOURS WILL PUT ME AT RISK DURING ANESTHESIA, POSSIBLY CAUSING VOMITING AND THE ASPIRATION OF MY STOMACH CONTENTS INTO MY LUNGS. This could result in sudden choking and/or pneumonia and death.

Patient/Relative/Guardian*: _____
(signature) (print name)

*The patient must sign unless the patient is an unemancipated minor under the age of 18 or otherwise lacks capacity.

Relationship, if signed by person other than patient: _____

Interpreter (if required): _____
(signature) (print name)

If telephone or other verbal consent check box: ☐

Witness: _____ Date: _____
(signature) (print name)

I hereby certify that I have: (i) explained the nature, purpose, benefits, risks of, and alternatives to the anesthesia and/or sedation, as well as the relevant risks, benefits, and side effects of the alternatives (including the possible results of not receiving care, treatment and services); (ii) offered to answer any questions; and (iii) fully answered all such questions. I believe that the patient /relative/guardian fully understands what I have explained and answered.

Participating Anesthesiologist: _____ Date: _____ Time: _____
(signature)

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD