



Goleta Valley Cottage Hospital
Consent for Anesthesia

Your treating physician has determined that you will require Anesthesia for your procedure:

- Anesthesia is a medical specialty dedicated to the management of patients who are rendered unconscious or who require diminished response to pain and stress during the course of a medical/surgical procedure.
- During the course of the procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.
- Although serious harm or death as a result of anesthesia are uncommon occurrences, such events can and do occur and are a part of the risks I must consider in deciding to have a procedure.
- A detailed explanation of anesthesia and anesthesia risks are given to me in order to comply with the laws regarding "informed consent."
- No guarantees have been made by anyone regarding the anesthesia services which I am consenting to receive.

Your Anesthesia provider will utilize his/her extensive medical training to determine the best method of Anesthesia for your surgical procedure.

General Anesthesia: Anesthetic gases and intravenous agents are administered that produce a loss of consciousness, permitting surgery/procedures to be performed without awareness and pain. General anesthesia gases may be delivered via an endotracheal tube (tube placed in the windpipe via mouth or nose), laryngeal mask airway (device that sits above the vocal cords), or by a mask. Your anesthesia provider will determine the most appropriate method to control the exchange of your breathing gases. Intravenous anesthetic agents (i.e.- Propofol, Narcotics) are infused or injected into your intravenous tubing.

Regional Anesthesia: Local anesthetic agents are placed via a needle into spaces containing nerves, producing loss of sensation and motor function. A spinal anesthetic means that local anesthetic is injected via a needle inserted in to the spinal fluid bathing the spinal cord. An epidural anesthetic means that local anesthetic is injected into a space outside of the dura-the membrane containing the spinal fluid. A nerve block means that local anesthetic is injected into the area of specific nerves that carry sensation to various parts of the body- i.e. an interscalene block seeks to numb the nerves transmitting pain from the shoulder.

Monitored Anesthesia Care (MAC): Sedation via the intravenous route is provided as necessary by an Anesthesia provider. Blood pressure, oxygen levels, heart rhythm and rate will be monitored by the Anesthesia provider. The MAC provides a relaxed state.



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Conscious Sedation: Intravenous medications (i.e. Versed, Fentanyl) are administered by a licensed nursing personnel under the direct supervision of a physician. Awareness may be present, and the patient may remember aspects of the procedure.

Local Anesthesia: Anesthetizing agents (i.e. Lidocaine) are injected or infiltrated directly into a small area of the body; location of the surgical/procedure to be performed.

Topical Anesthesia: Surface anesthesia is produced by direct application of anesthetizing agents or skin or muscle members.

Risks and complications of anesthesia may include but are not limited to allergic/adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/speech by others, seizures, sore throat, wrong site for injection of anesthesia, and death.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to acceptance of anesthesia might be not anesthesia for the procedure.

Date Time Patient Signature/Guardian Signature

Printed Patient Name/Guardian Name

Date Time Witness Signature



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