

## CONSENT FOR INTRAVENOUS SEDATION/GENERAL ANESTHESIA

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**Please ask your doctor BEFORE initialing or signing this form.**

You have chosen **intravenous sedation/general anesthesia** for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous anesthesia are noted below for your review before you consent to its use:

1. Allergic reactions (previously unknown) to any of the medications used.
2. Discomfort, swelling or bruising at the site where the drugs are placed into a vein.
3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest and sometimes medications may be required for relief.
5. Sedation and general anesthesia is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.

### **YOUR OBLIGATIONS:**

6. Because the anesthetic medication (including oral pre-medication/sedation) causes prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs last more than 24 hours.
7. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
8. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK** for **six (6) hours** prior to your anesthetic. **TO DO OTHERWISE MAY BE LIFE THREATENING!** (**Note:** If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office.)
9. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I understand that the medications used for sedation may be involved in fetal damage or miscarriage. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

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### **ANESTHESIA CHOICE**

10. You have chosen one of the following types of intravenous anesthesia but completely understand that a person could easily go from one type to the other. There is no guaranteed that your anesthesia level will not be lighter or deeper than expected.

- Intravenous sedation**
- General anesthesia**

### **CONSENT**

I have read and understand the above paragraphs and realize that sedation/general anesthesia carries with it certain serious risks. I request that sedation/general anesthesia be used for my surgery. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I certify that I speak, read and write English.