
INFORMED CONSENT FOR ANESTHESIA

Name:

Date of Birth:

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment. The majority of eye surgeries are performed under local anesthesia administered by the eye doctor. An anesthetist is also present to monitor the vital signs and administer intravenous sedation, a technique known as Monitored Anesthesia Care (MAC). However, I acknowledge that in certain cases, additional general anesthesia may be needed to insure my comfort and safety.

The most frequent side effects on intravenous infusion are drowsiness, nausea and vomiting. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgement will be impaired. It is recommended that adults refrain from activities such as driving and children remain in the presence of a responsible adult. Nausea and vomiting following anesthesia will occur in 15-30% of patients.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, brain damage, respiratory arrest and heart attack. I further understand and accept the risk that complications may require hospitalization and even may result in death. Risks of complications involving local block include but are not limited to: allergic reaction, pain, hemorrhage, ocular injury/perforation, or nerve injury/damage.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and loss of coordination that can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least twenty-four hours following anesthesia, even if feeling fully recovered from the effects of the anesthetic, medications, and drugs.

PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

I hereby authorize anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. All my questions have been answered to my satisfaction. I have read this informed consent form (or it has been read to me). I consent, authorize, and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the anesthetist, who is an independent contractor. I have been advised of and understand the risks, benefits and alternatives of local anesthesia, monitored anesthesia care and general anesthesia. I accept the possible risks and dangers. It is also understood that the anesthesia services are completely independent from the operating surgeon's procedure.

Patient's Signature (or person authorized to sign for patient)

Date

Witness

Date