

Mary Washington Hospital

FASC

Stafford Hospital

The Anesthesia Division of Mary Washington Healthcare offers several methods for providing anesthesia for your scheduled procedure or surgery. Anesthesia services are needed so your operation or procedure can be performed.

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of your procedure or treatment. Please read the description of each type and feel free to ask any additional questions of your anesthesiologist and CRNA (Certified Registered Nurse Anesthetist) before proceeding. Signing this form indicates that you understand the risk and benefits of each anesthetic approach.

ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK OR DEATH. 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(s) of anesthesia services below may be used for your procedure and the anesthetic technique to be used is determined by many factors including your physical condition, the type of procedure your doctor is to do, his or her preference, as well as your own desire. Occasionally if an anesthetic technique using local anesthetics (with or without sedation) does not render the operative site completely numb, another technique such as general anesthesia may have to be used.

It is important to provide your health care providers with a complete medical history, including any medication you are taking, both prescription and over the counter. The use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complications and must also be disclosed. You should disclose any complications that arose from past anesthetics or surgeries.

General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or 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, vomiting, aspiration, pneumonia.
Spinal or Epidural Analgesia/ Anesthesia, (with or without sedation).	Expected Result	Temporary decreased loss of feeling or movement to trunk or lower part of the body.
	Technique	Drug injected through a needle/Catheter placed either directly into the fluid of the spinal canal or immediately outside the spinal canal.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal", decreased blood pressure.
Major/Minor Nerve Block, (with or without sedation).	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain requiring additional anesthesia, injury to blood vessels, failed block.
Intravenous regional Anesthesia (with or without sedation).	Expected Result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Risks (include but not limited to)	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
Monitored Anesthesia Care (with sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes, producing a semi-conscious state.
	Risks (include but not limited to)	An unconscious state, depressed breathing, injury to blood vessels.
Monitored Anesthesia Care (without sedation)	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention.
	Technique	None.
	Risks (include but not limited to)	Increased awareness, anxiety and/or discomfort.

I have read this form or had it read to me, I understand the risks, alternatives and expected results of the anesthesia service. I consent to the anesthesia service and authorize that it be administered by Fredericksburg Anesthesia Associates, Inc through an anesthesia care team, including Certified Registered Nurse Anesthetists provide anesthesia care under the supervision of an Anesthesiologist, all of whom are credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by the anesthesia care team.

Patient/Responsible Party

Relationship

Date/Time

Witness

Date

Physician Declaration: I have explained the proposed procedure to the patient, answered the patient's questions, and to the best of my knowledge, I believe the patient has been adequately informed, and has consented. Anesthesia plan is documented on the Anesthesia Health Questionnaire.

Anesthesiologist's Signature

Date/Time



Anesthesia Consent
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