

CONSENT FOR ANESTHESIA

AMBULATORY ANESTHESIA SERVICES

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The following is provided to inform our patients of the choices and risks involved in having treatment under anesthesia. This information is not presented to make our patients more apprehensive but to enable them to be better informed concerning their treatment. There are basically four choices for anesthesia: local anesthesia, conscious sedation, general anesthesia, or no anesthesia. These can be administered, depending on each individual's medical status, in a hospital or in a private office.

The most frequent side effects of intravenous anesthetic medications are drowsiness, nausea and vomiting and phlebitis. Most patients remain sleepy following their surgery for several hours. As a result, coordination and judgment 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 10-20% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however, tenderness and a hard lump may be present up to a year.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to: **pain, hematoma (bruise), numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, brain damage, heart attack and death.** I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. It must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure.

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 may necessitate the postponement of the anesthesia. For the same reason I understand that I must inform the anesthesiologist if I am a nursing mother.

Since alcohol and street drugs will potentiate and possibly cause unwanted side effects and even death when combined with anesthetic medications, I have been advised to refrain from alcohol and street drugs for 24 hours before my scheduled appointment. I also take full responsibility for informing the anesthesiologist of any prescription and over-the-counter medications I have taken within the last two weeks. I have been advised not to operate dangerous machinery or motor vehicle for at least 12 hours and preferably 24 hours following my anesthetic because of the impairment in my judgment and coordination.

I hereby authorize and request *Dr. Clark Whitmire* to perform the anesthesia as previously explained to me and any other procedure deemed necessary or advisable as an adjunct to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (local to general) by any method that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and this is an independent function from the surgery/dentistry.

I have been fully advised of and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks and dangers. I acknowledge the receipt of and understand both preoperative and postoperative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and or cure. Furthermore, I have had the opportunity to ask questions about my (or my child's) anesthesia and am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the surgeon's **The anesthesiologist assumes no liability from the surgery/dental treatment performed while under anesthesia and the surgeon/dentist assumes no liability from the anesthesia performed.**

Patient/Guardian Signature

Date

Witness Signature