

CONSENT TO ANESTHESIA

1. I authorize the administration of anesthesia upon myself or (name of patient) _____ by Dr. _____ (or one of his/her associates) and such assistants as may be selected by him/her and the University of _____ Department of Anesthesiology.
2. I understand that my anesthesiologist may be assisted by resident physicians or doctors in training at the University of Illinois Medical Center.
3. I consent to receive the anesthesia service checked below:

<input type="checkbox"/> 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	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
<input type="checkbox"/> Spinal or Epidural Analgesia/Anesthesia	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Risks	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels.
<input type="checkbox"/> Major / Minor Nerve Block	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	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.
<input type="checkbox"/> Intravenous Regional Anesthesia	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	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.
<input type="checkbox"/> Monitored Anesthesia Care	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	An unconscious state, depressed breathing, injury to blood vessels.

The anesthetic as described above, its risks and alternatives have been explained to my satisfaction. I understand that while use of the above anesthesia is planned, another form of anesthesia may be used if indicated by unexpected conditions which arise before or during the procedure.

4. I understand that I may experience some minor problems as a result of my anesthetic. These may include but are not limited to: temporary impairment of judgment, coordination, or attention span; nausea or vomiting; headache; sore throat, muscle aches; bruises or tenderness at the site of intravenous infusions; injury to teeth, gums or lips; injury to eyes, or injury related to positioning during surgery.
5. I understand that the frequency of serious complications related to anesthesia depends upon a patient's general health prior to anesthesia and the seriousness of the contemplated procedure. Serious complications are rare in healthy patients undergoing most elective surgical procedures. It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications can occur with anesthesia and include but are not limited to: infection; bleeding; drug reactions; blood clots; loss of sensation; loss of limb function; paralysis; stroke; brain damage; heart attack or death.
6. I have been informed that medications that I am taking may cause complications with anesthesia or surgery. I understand that it is necessary to inform my doctors about the nature of any medications or drugs I am taking, including aspirin, narcotics, PCP, marijuana, and cocaine.

I certify and acknowledge that I have read this form or had it read to me, and have had ample time to ask questions and consider my decision. I understand the risks, alternatives and expected results of the planned anesthetic. I accept the anesthetic risks as described above.

Signature of Patient

Date of Signature

Signature of Person Authorized to Sign for Patient
(When patient is a minor or otherwise unable to sign in his/her own behalf)

Date of Signature

Relationship or basis of authority to consent

Address of person authorized to consent for patient

Signature of Physician Obtaining Consent

Date of Signature