Eye Surgery & Laser Center

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INFORMED CONSENT FOR ANESTHESIA

Anesthesiology is a medical specialty that deals with the delivery of various anesthetic agents during the course of a medical or surgical procedure.

The type of anesthesia used for your eye surgery will be determined on the basis of your medical history and the surgical procedure that is planned. In some instances, medications in the form of eye drops will be used to render the surface of your eye numb (Topical Anesthesia). Alternatively, injection of a local anesthetic may be used to block painful sensations in your eye or eyelids. In either of these cases, you will most likely be given additional medication intravenously. The dosage and type of intravenous medication will determine whether you experience only sedation or sedation along with a brief period of unconsciousness. The goal and purpose of anesthesia is to make you as comfortable as possible during your surgery, and to significantly decrease the chance of remembering anything that occurred during the procedure. Whatever type of anesthetic you receive, the anesthesiologist will monitor your pulse, blood pressure, respiration, level of consciousness, and level of oxygenation throughout the entire procedure.

While complications from anesthesia are infrequent, there is always the remote possibility that a complication could occur. The most likely risks and complications include, but are not limited to

Allergic reactions	Dental damage	Muscle Aches	Prolonged Nerve Injury
Aspiration	Headache	Heart Attack	Prolonged Sedation
Backache	Infection	Nausea	Recall of surgical events
Bleeding	Localized Swelling	Eye Injury	Seizure
Brain Damage	Malignant	Pain	Sore Throat
Coma	Hyperthermia	Pneumonia	

There is a remote risk of death or serious disability with any anesthetic.

I have informed the personnel of Eye Surgery & Laser Center, LLC. involved in my care of all my known allergies and all medications I currently take (including over-the-counter drugs, vitamins, other supplements, "street" or illegal drugs). I have also informed the personnel of the Eye Surgery and Laser Center, LLC, of all pertinent medical and surgical care and problems I have had in the past.

I am aware and accept that no guarantees about the results of this procedure have been made.

The anesthesiologist has explained this procedure, the risks and benefits and any alternative treatment available to me in terms that I understand and has answered all my questions.

The anesthesiologist has explained the types of anesthesia that may be used for me in accordance with my procedure and medical history. I understand and consent to any change in anesthesia that my physicians deem necessary. I certify that I have read and understand this consent form or had the form read and explained to me. I understand and agree to accept the possibility of any risks or complications and give my full consent and authorization for the administration of anesthesia.

_____ _____ _____
Patient or Legal Representative Signature **Date** **Relationship (self, parent, etc.)**

_____ _____
Print Patient or Legal Representative Name **Witness Signature/Date**

I certify that I have explained the nature, purpose, benefits, risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have discussed the types of anesthesia I plan to use with the patient or the patient's legal representative. I believe that I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Patient Name: _____

DOB:

_____
Anesthesiologist Signature / Date