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CONSENT FOR SURGICAL ANESTHESIA Page 1 of 2

State law requires that your physician obtain your informed consent to all medical and surgical treatment. What you are being asked to sign is a confirmation that your physician has discussed the nature, purpose, and risks of the proposed surgical anesthesia. You are also being asked to sign a confirmation that you have been given an opportunity to ask whatever questions you had and that your questions have been answered in a satisfactory manner. Please read the form carefully. Ask your physician about anything you do not understand. He or she will be pleased to explain. **Do not sign this permit if the possible risk and complications have not been explained fully to your satisfaction.**

NATURE AND PURPOSE OF AND TYPES OF SURGICAL ANESTHESIA

The purpose of surgical anesthesia is to relieve pain during surgery through the use of various medications known as anesthetic agents. Along with the delivery of the anesthetic agent, life support measures are often undertaken in order to maintain the well-being of the patient. These measures might include the administration of blood or blood products; use of medications and equipment to support the heart, lungs, or other systems of the body; antibiotics (drugs used to prevent or treat infection); diagnostic agents; and chemicals to counteract disease states or correct imbalances.

Equipment and devices will be used to induce and maintain anesthesia and to prevent harm to the patient while he or she is anesthetized. Examples of equipment that would come into contact with the patient include breathing equipment such as masks and breathing tubes (inserted into the windpipe through the mouth or nose); monitoring devices, both topical devices (such as electrocardiogram (EKG) electrodes) and invasive devices (such as needles and monitoring lines placed in veins or arteries and temperature probes). Equipment is also used that does not come into direct contact with the patient but supports and maintains the patient such as anesthesia machines and ventilators.

Surgical anesthesia may be general, regional, local, or topical depending upon the anesthetic agent used, the method or procedure followed, and the area of the body to be anesthetized. The type of anesthesia chosen in a given case will depend on the medical condition of the patient, the nature of the procedure to be performed, and the preferences of the patient and of the surgeon.

General anesthesia is a method of surgical anesthesia in which the patient is "put to sleep" (rendered unconscious and insensitive to pain) through the use of anesthetic agents administered by inhalation (breathing an anesthetic gas through a mask) and/or by intravenous injection (using a needle to place the anesthetic agent into a vein and, thus, into the patient's bloodstream). The anesthetic agent, the route of administration, the dosage, and the depth of general anesthesia are dependent on the nature of the surgery to be performed, the medical condition of the patient, and other considerations. It is hoped that a patient will remain asleep while under general anesthesia, but some patients will recall all or a portion of the surgery despite the fact that the anesthesia was administered appropriately. Endotracheal intubation (in which a tube is placed into the windpipe) and monitoring and support of various vital functions (such as respiratory and cardiovascular) are often necessary.

Regional anesthesia is a method of surgical anesthesia in which an anesthetic agent is used to block a group of sensory nerve fibers in order to make an area of the body insensitive to pain. Sometimes a tourniquet is used on an arm or leg and an anesthetic agent is injected into a vein of that arm or leg. The patient remains awake (although regional anesthesia may often be combined with a sedative to relax and calm the patient) during this type of anesthesia. Occasionally, for technical reasons, it is not possible to produce this type of anesthesia; and, in some cases, the surgical procedure outlasts the effects of this type of anesthesia. When this occurs another type of anesthesia, usually a general anesthetic, is substituted.

Two of the commonly employed types of regional anesthesia are epidural and spinal anesthesia. In epidural anesthesia an anesthetic agent is injected into the epidural space—the space next to the spinal cord—to anesthetize the legs, pelvis, abdomen, or other area of the body. Often this type of anesthetic is used for prolonged regional anesthesia in which case a small tube (catheter) is inserted into the epidural space so that additional anesthetic agent can be injected as needed. This tube is removed after the surgery. In spinal anesthesia a large part of the body—approximately the lower half—is made insensitive to pain by injecting an anesthetic agent into the fluid which bathes the spinal cord. Usually there is temporary paralysis in the affected area of the body along with the loss of sensation.

Local anesthesia involves the injection of an anesthetic agent into or near the area to be operated on to reduce or eliminate pain in that limited area of the body.

Topical anesthesia involves the application of an anesthetic agent in the form of a solution, gel, or ointment to the skin, mucous membrane, or cornea to reduce or eliminate pain.

RISKS AND COMPLICATIONS

Good results are expected, but complications sometimes occur, and no guarantee as to the result to be expected from anesthesia can be given. There are numerous methods of beginning and maintaining anesthesia and there are complications associated with each method.

Some complications occur rather frequently and are considered side effects of the drugs or procedures. These complications, such as temporary nausea and sore throat are usually of little significance. Most serious complications are rare, but serious complications do sometimes occur. If one or more of these serious complications occurs an extended hospital stay, additional surgery and/or transfusion of blood or blood products with associated risks of AIDS, hepatitis and allergic reactions may be necessary.

INITIALS



PAGE 2 of 2 A partial list of complications that have occurred in association with anesthesia includes:

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| <p>abrasions of the skin or other structure (such as on the eye, or from friction caused by equipment)</p> <p>adult respiratory distress syndrome</p> <p>allergic, abnormal, or hypersensitivity reactions to drugs, equipment, or other administered substances (such as blood)</p> <p>anaphylaxis (a severe, and sometimes fatal, reaction to a drug or other substance)</p> <p>aphasia (loss of ability to speak)</p> <p>arteriovenous fistula (false passage between a vein and an artery) formation</p> <p>aspiration into the bronchi or lungs of stomach contents</p> <p>atelectasis (collapse of air sacs in the lungs)</p> <p>birth defects and miscarriages in pregnant patients</p> <p>blindness</p> <p>blood clots in the legs</p> <p>blood vessel emboli (air, fat, particles or blood clots which circulate in the bloodstream until becoming lodged in a vein or artery)</p> <p>bowel obstruction</p> <p>brachial plexus neuropathy (injury to the large group of nerves which supply the arms)</p> <p>brain damage</p> <p>breathing difficulties (as a result of lung injury to the nerve which supplies the diaphragm or other causes)</p> <p>broken bones and dislocations</p> <p>bruises (where needles are inserted into blood vessels for example)</p> <p>burns, either chemical or thermal</p> <p>cardiac arrest</p> <p>cardiac arrhythmias (disturbances of the electrical patterns of the heart)</p> <p>cerebrospinal fluid leak (the fluid which bathes the brain and the spinal cord, common following spinal anesthesia)</p> <p>cerebrovascular accident</p> <p>chipped, broken or dislodged teeth</p> <p>congestive heart failure (inability of the heart to move the blood properly)</p> <p>convulsions (seizures)</p> <p>corneal abrasions (injury to the outer surface of the eye)</p> <p>death</p> <p>dermatitis (inflammation of the skin)</p> <p>disfiguring scars</p> <p>dislocation of joints</p> <p>disorders of hemostasis (disorders of blood clotting)</p> | <p>disorientation or drowsiness either temporary or prolonged</p> <p>double vision</p> <p>dural injury (injury to the covering of the spinal cord and brain)</p> <p>encephalitis or meningitis (infection or inflammation of the brain or its covering)</p> <p>epidural blood clot or abscess (bleeding or infection in the space adjacent to the spinal cord which may damage the spinal cord)</p> <p>equipment failure leading to other complications and/or need for additional treatment (e.g. broken needles, broken wires, broken tubing causing decreased oxygen delivery causing brain damage)</p> <p>esophageal injuries</p> <p>failed regional anesthesia</p> <p>falls during unconsciousness</p> <p>headache (this complication is common following spinal anesthesia and is usually treated with pills and fluids however, it may be necessary to do other procedures to alleviate the headache which may include a needle in the back)</p> <p>hearing loss or damage</p> <p>hematoma (blood clot) formation</p> <p>high spinal or epidural (in which the level of anesthesia extends higher on the body than is intended which may necessitate intubation and use of general anesthesia)</p> <p>hoarseness</p> <p>hypertension (high blood pressure)</p> <p>hypotension (low blood pressure)</p> <p>inadvertent intravascular injection of an anesthetic agent</p> <p>incomplete anesthesia (pain or discomfort from the procedure)</p> <p>infection of soft tissue, bone, organs or blood</p> <p>inflammation of body tissues (such as nerves or blood vessels where needles are placed)</p> <p>injury to blood vessels</p> <p>injury to the lips, tongue, and inside of the mouth</p> <p>injury to the spinal cord (directly, by compression due to blood or swelling, by infection, or by damage to its blood supply)</p> <p>intraoperative awareness (recall of events which took place during surgery)</p> <p>lacerations (cuts)</p> <p>laryngeal and vocal cord trauma or edema (injury to or swelling of the vocal chords)</p> | <p>loss of bowel or bladder, function, temporary or permanent</p> <p>loss of function of any organ or body part (kidney failure, liver failure, or hepatitis) temporary or permanent</p> <p>loss of hair</p> <p>loss of or damage to sexual function</p> <p>loss of or function of arm(s) or leg(s) or organ(s)</p> <p>malignant hyperthermia (increase in body temperature, often fatal)</p> <p>nausea, fairly common and usually temporary</p> <p>nerve palsies</p> <p>neuromuscular pain and weakness, temporary or prolonged</p> <p>nightmares</p> <p>pain, either generalized (such as sore muscles) or localized (such as of the mouth, neck, site of injections, or entire body segments)</p> <p>paralysis of vocal chords, temporary or permanent</p> <p>paralysis of one or both legs</p> <p>paresthesias (burning or numbness in the areas of the body)</p> <p>personality change</p> <p>phlebitis (inflammation of a vein)</p> <p>pneumonia or pneumonitis (inflammation of the lung(s))</p> <p>pneumothorax (collapse of the lung(s))</p> <p>prolonged unconsciousness (coma)</p> <p>psychiatric disorders</p> <p>pulmonary embolus (a blood clot or other substance which becomes lodged in the lung)</p> <p>quadriplegia (paralysis of both arms and legs)</p> <p>respiratory arrest (breathing stoppage)</p> <p>ruptured eardrums</p> <p>sensory deficits (loss of or decreased sensation of any body part, such as numbness of a hand or leg) temporary or permanent</p> <p>shock (extremely low blood pressure)</p> <p>sore throat</p> <p>swallowing or inhalation of objects</p> <p>tracheal (windpipe) or esophageal (top portion of the digestive tract) injuries</p> <p>tracheal stenosis (reduction in the diameter of the windpipe)</p> <p>transmission of disease either through contaminated equipment, bodily openings, or administered agents (such as blood)</p> <p>urinary tract infection</p> <p>worsening of a previous medical condition or disorder</p> |
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ACKNOWLEDGMENT

I acknowledge that I have read and understand this consent form (or that it has been read to me); that I understand the information contained in it, including all of the medical terminology, about which I have asked if unsure; that I have been given an adequate opportunity to ask whatever questions I had about the procedure; that all of my questions about surgical anesthesia have been answered by my physician in a satisfactory manner, that I understand the nature and purpose of the procedure, its risks, and the alternatives to the procedure; and that all of the blanks in this form were filled in prior to my signing it; and that this consent form has been signed by my parent or guardian if I am a minor.

CONSENT FOR SURGICAL ANESTHESIA

I hereby consent to surgical anesthesia and to any associated procedures which may be necessary or appropriate with the exception of:

Signature of Patient or Guardian/Date

Witness/Date