

GENERAL INFORMATION FOR ANESTHESIA

DEPARTMENT OF ANESTHESIOLOGY
(202) 537-4241

1. As a patient, you have the opportunity to request a specific Anesthesiologist if you wish and may contact the particular Anesthesiologist in advance. Each surgical patient is assigned an Anesthesiologist who will discuss your anesthetic with you and will administer your anesthesia.

Please ask any questions you may have regarding your type of anesthesia; pain management, anesthesia fees, etc., of your Anesthesiologist ***preoperatively***. **Appointments for an extensive pre-anesthesia consult can be made by calling (202) 537-4437.**

2. **In preparation for your surgery, please do not eat or drink anything including water, tea and coffee after midnight.**
3. Instrumentation within the mouth to maintain a satisfactory airway during anesthesia may unavoidably result in dental damage and irritation of the nose or throat.
4. Patients receiving general anesthesia always receive additional oxygen and may be administered any combination of anesthetic agents, i.e., intravenous sedatives, narcotics, tranquilizers, muscle relaxants, and inhalation agents such as nitrous oxide and halogen anesthetics. The choice of agents depends on your medical history, type of surgery, etc.
5. Patients receiving regional anesthesia (such as spinal, epidural, or local blocks) may be given local anesthetics, narcotics and sedation.
6. If there is any anesthetic agent or technique you decline to accept, ***please notify your Surgeon and Anesthesiologist.***
7. Appropriate pre-medication may be given preoperatively.
8. The Anesthesiologists at Sibley Memorial Hospital are ***not employees or agents of the hospital***. **Your Anesthesiologist is in private practice and employed by Surgical Anesthesia Associates, P.L.L.C.**, and will bill you or your insurance company **separately**. In some cases a Certified Registered Nurse Anesthetist, under contract to Surgical Anesthesia Associates, P.L.L.C., may participate in the administration of your anesthesia, under the medical direction of the anesthesiologist.
9. In preparation for your anesthetic, **please read and sign the consent for administration of anesthesia.**

WE THANK YOU FOR YOUR COOPERATION AND ANTICIPATE YOU WILL HAVE A SAFE AND PLEASANT ANESTHETIC EXPERIENCE WITH THE ANESTHESIOLOGY DEPARTMENT AT SIBLEY MEMORIAL HOSPITAL.

PATIENT CONSENT AND AUTHORIZATION FOR ANESTHESIA

I understand that:

1. I will need anesthesia for the scheduled surgical procedure(s) to be done on _____ (date) or for the scheduled series of _____ electroconvulsive therapy (ECT) treatments.
2. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical, surgical, or obstetrical procedure. Your anesthesia may be administered by an anesthesiologist or a certified registered nurse anesthetist under the medical direction of an anesthesiologist.
3. **During the administration of anesthesia, unforeseen conditions may be revealed that necessitate an extension to the original procedure or different procedures, and that the anesthesia may have to be changed, possibly without explanation to me. I, therefore, authorize and request that the anesthesiologists, his/her assistants and his/her designees perform such procedures as are necessary and desirable in the exercise of his/her professional judgement.**
4. **The practice of medicine and anesthesiology is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the procedure.**
5. **Types of Anesthesia and Definitions**
 - A. **General Anesthesia**
 1. Endotracheal anesthesia: Anesthetic and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth.
 2. Mask anesthesia: Gases are passed through a mask which covers the nose and mouth.
 - B. **Regional Anesthesia**
 1. Epidural anesthesia: A small catheter is inserted into the epidural space so that anesthetizing agents may be given to prolong the duration of anesthesia.
 2. Spinal anesthesia: The anesthetic agent is injected into the spinal subarachnoid space to produce loss of sensation.
 3. Nerve Blocks: Local anesthetics are injected into specific areas to inhibit nerve transmission.
 - C. **Monitored Anesthesia care (MAC)**: Intravenous sedatives and analgesics are given with continuous monitoring of blood pressure, oxygenation, pulse and mental state.
 - D. **Local Anesthesia**: Anesthetizing agents are injected or infiltrated directly into small area of the body, for example, the surgical site.
6. **Risks and Complications** Minor risks and complications may include but are not limited to: backache; dental injury; **vocal cord injury**; headache; localized swelling and/or redness; muscle aches; ophthalmic (eye) injury; pain; recall of sound/noise/speech by others; sore throat; wrong site for injection of anesthesia.

Major risks and complications may include but are not limited to: allergic/adverse reaction; aspiration; **respiratory problems**, brain damage; coma; inability to reverse the effects of anesthesia; infection; paralysis; pneumonia; positional nerve injury; seizures; death.

Dental Risks:
Even with careful and appropriate technique, damage may occur to natural teeth, dentures, implants, bridges, caps, veneers, dental prosthetics or oral structures. With full knowledge of the possible risk, I choose to proceed with the planned surgery/anesthetic.

Obstetrical Risks: Just as there are risks and hazards associated with any medical procedure, and with pregnancy itself, I understand that anesthesia for pain relief during labor and delivery involves additional risks and hazards. In particular, the risks associated with epidural or spinal anesthesia includes, but are not limited to, headache, backache, chronic pain, convulsions, paralysis and even death. Certain complications may result from the use of any anesthetic including respiratory problems, drug reactions, paralysis, brain damage or death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. Additionally, all forms of anesthetics involve a small risk to the fetus, ranging from slightly sleepy babies to death.
7. The intra-operative administration of blood/blood products is a collaborative decision between the anesthesiologist and the surgeon. I have been informed of the potential need for blood/blood products, alternative options and the risks of transfusion of blood/blood products and give my informed consent for the administration of such products.
8. I agree to the administration of the anesthesia prescribed for me. I have been given information about alternative forms of anesthesia, risks of non-treatment, the procedures to be used, and the risks and complications involved. I have been given the opportunity to ask questions and now feel I have sufficient information to provide this informed consent.
9. By my signature I certify that I have read and fully understand this form.

Patient Signature (or legally responsible agent)	Date	Time
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Witness Signature	Date	Time
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Anesthesiologist Signature	ID #	Date	Time
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