

Please read this document carefully and ask about anything you do not fully understand. After you read it, please sign the other side if you give consent for anesthesiology services in conjunction with your surgery/procedure.

I have met with my doctor about the operation/procedure that I am going to have and the need for anesthesia in conjunction with this procedure.

I have been visited by a qualified member of the Department of Anesthesiology team (an anesthesiologist, anesthesiology resident, certified registered nurse anesthetist, or anesthesiology assistant). We have discussed the different types of anesthesia that are shown on the reverse side of this form. We discussed the impact of my medical condition and my medical history, and the choice of anesthesia to be used during this surgery/procedure. I understand that the anesthetic type planned may not succeed completely, and another technique might be required for proper care, including general anesthesia. We talked about some of the alternative types of anesthesia that might be necessary, and the need for post operative pain control. For my safety and comfort, I agree to allow my anesthesia care provider to change the anesthesia care plan based upon their clinical judgment and my pain/symptoms.

I agree to have anesthesia administered by one or more of the qualified members of the Department of Anesthesiology at The Ohio State University.

I also consent to the anesthesiology care team performing any special procedures deemed necessary for the proper delivery of anesthesia, such as intravenous catheter placement, mechanical ventilation, intraoperative monitoring and/or management of pain relief both during the operation and recovery phases. Some of the procedures that might be performed include the placement of a tube in the throat through the mouth or nose to assist with breathing, the placement of catheters in arteries or veins to monitor pressures or administer medications and blood products, the placement of an ultrasound probe in the esophagus and stomach to monitor the heart, the placement of a catheter next to the spine or near nerves for management of pain, injection of medication into the spine for management of pain, or the placement of lumbar drains in the spinal canal. I understand that although not common, there can be injuries to the organs or limbs as a result of the placement of these devices for anesthesia. I understand the need to ask any questions I might have specific to special procedures.

Major side effects and complications from anesthesia are uncommon. Most anesthesia complications are minor. However, severe complications can occur with all types of anesthesia, including mild sedation. I understand that even though I am properly monitored and my anesthesia team member takes precautions to avoid complications, they can occur. Rare, but serious complications include but are not limited to infection, drug reactions, blood clots, paralysis, stroke, unexplained brain damage, blindness, limb damage, cardiac arrest, heart attack, and death. I understand that anesthesia could injure a fetus if I am pregnant. Other less serious complications specific to the different types of anesthesia are listed on the reverse side of this consent form. Specific risks depend on my health, the type of anesthesia used and my response to anesthesia. I agree that I have had a chance to discuss these risks with a member of my anesthesia care team.

It was explained that The Ohio State University is a teaching institution and that in accordance with hospital policies, interns, residents, fellows, physician extenders, medical students and other students may be observing and/or doing important tasks related to my anesthesia under the supervision of the anesthesia team. I also understand that medical practitioners who are not physicians, such as certified registered nurse anesthetists or anesthesia assistants, may perform anesthesia services within the scope of their authority and skill and under the supervision of an attending anesthesiologist.

I agree to have my anesthesia administered by the qualified members of the Department of Anesthesiology, as set forth above, at The Ohio State University in either University Hospital, Arthur G. James Cancer Hospital and Solove Research Institute, University Hospital East, or Herbert M. Ross Heart Hospital.



FS0017

**THE OHIO STATE UNIVERSITY MEDICAL CENTER
&
THE ARTHUR G. JAMES CANCER HOSPITAL &
RICHARD J. SOLOVE RESEARCH INSTITUTE
ANESTHESIOLOGY INFORMED CONSENT**

GENERAL ANESTHESIA: with or without a breathing tube	
Technique	Medicine is administered through the IV line to render you unconscious. A breathing tube may be placed into your windpipe, throat, or nose after you are unconscious or awake if necessary. Anesthetic gas and oxygen are administered through the breathing tube or mask to keep you unconscious. Alternatively, IV medications can be administered to maintain unconsciousness while breathing oxygen and/or air.
Expected Result	Total unconsciousness so that you do not see, hear or feel anything during the surgery with assisted, controlled or spontaneous breathing.
Specific Risks (non-inclusive)	Common: Pain at the IV site, mouth or throat pain; coughing, hoarseness; nausea and vomiting; high or low blood pressure; muscle aches. Uncommon: Injury to the teeth, gums, mouth, nose, eyes, larynx (voice box); headache, infection at the IV site; breathing stomach contents into the lungs; pneumonia; skin burns; permanent weakness; numbness; pain from a nerve injury or joint stiffness; staying on a breathing machine after surgery with the breathing tube in your windpipe; awareness of what is happening during surgery.
EPIDURAL, SPINAL, OR CAUDAL ANESTHESIA	
Technique	Medicine (local anesthetic) is administered through a catheter or needle placed into the back that will numb the body.
Expected Result	Temporary loss of feeling and/or movement to the lower part of the body, abdomen or chest; relief of pain for a period of time after surgery. You may also get medicines to make you comfortable, drowsy and blur your memory.
Specific Risks (non-inclusive)	Common: Nausea and vomiting; headache, backache; soreness and swelling at the puncture site. Uncommon: Seizure; permanent weakness, numbness, pain or paralysis from a nerve injury during application or from bleeding; infection; breathing, heart rate or blood pressure impacted.
PERIPHERAL NERVE BLOCK	
Technique	Medicine (local anesthetic) is administered through a catheter or needle placed near nerves in the arm, leg, chest or abdomen that will numb only those specific parts of the body.
Expected Result	Temporary loss of feeling and/or movement of all or part of the limb, chest or abdomen; relief of pain for a period of time after surgery. You may also get medicines to make you comfortable, drowsy and blur your memory.
Specific Risks (non-inclusive)	Common: Soreness or bruising at the puncture site; nausea and vomiting. Uncommon: Injury to a blood vessel; seizure; permanent weakness, numbness, pain or paralysis from a nerve injury; infection. Lung collapse with specific types of peripheral nerve blocks.
SEDATION OR MONITORED ANESTHESIA CARE (MAC)	
Technique	Medicine is administered through the IV line to render you sleepy and less aware during the surgery. You will be semi-conscious.
Expected Result	Decrease in anxiety and awareness while sleeping or resting during the surgery; less discomfort; fewer side effects and a quicker recovery.
Specific Risks (non-inclusive)	Common: Nausea and vomiting; slowed breathing; injury to a blood vessel; feeling pain; being aware of what is happening during surgery is highly probable. Uncommon: Respiratory arrest.

I have read this form or have had it read to me. I have been given a chance to ask questions and have them answered. I have been given an explanation of words that I did not understand. I have enough information to give my permission to use the types of anesthesia and special procedures discussed with an anesthesiology provider.

Signature of Patient

Date

Time

Signature of Patient's Representative and Relationship to Patient

Date

Time

Signature of Witness (optional)

Date

Time

I have discussed the contents of this form with the patient or the legal representative authorized to sign.

I was not able to obtain anesthesia consent because this case was deemed emergent by the surgeon.

Qualified Anesthesiology Care Provider(s) Signature(s)

Date

Time