



Grand Canyon Anesthesiology Consultants

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GrandCanyonAnesthesiology.com

Consent for Anesthesia Services

I acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

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* with anesthesia can occur and include the remote possibility of *infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death*. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

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| 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. |
| Spinal or Epidural Analgesia/Anesthesia With sedation Without sedation | 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, "total spinal." |
| Monitored Anesthesia Care (with sedation) | 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. |

I hereby consent to the anesthesia service checked above and authorize that it be administered by an anesthesia provider from Grand Canyon Anesthesiology Consultants, all of whom are credentialed to provide anesthesia services at this health facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them. I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decision.

Patient's or Legal Guardian's Signature

Date and Time