



CONSENT FOR ANESTHESIA

The following is provided to inform our patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive, but to enable them to be better informed concerning their treatment. Anesthesia options range from no anesthesia to general anesthesia and include moderate sedation or local anesthesia only. These can be administered depending on each individual patient's medical status, in a hospital or in a private office.

The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician, or pediatrician as needed.

The most frequent side effects of anesthesia are drowsiness, nausea, vomiting, fever, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired. It is recommended that adults refrain from activities such as driving, and children remain in the presence of a responsible adult. Nausea and vomiting following anesthesia occur in approximately 15-30% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. Phlebitis usually resolves with local application of warm, moist heat; however tenderness and a hard lump may be present for up to a year or longer.

A growing body of evidence from animal studies and observational studies in humans suggests adverse effects on behavior, learning, and memory may result from exposure to anesthetics during periods of rapid brain development. There is concern about medications used in young children based on animal research. The effect of exposure to anesthetic drugs in young children is unknown or not fully understood but multiple exposures and longer cases may increase the risk. It is not known if these effects are from the anesthetic drugs or the surgery or related illness. You must weigh the benefits of any procedure versus the potential risks.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, brain damage, and heart attacks. I further understand and accept the risk that complications may require hospitalization and even may result in death. I understand that there are also unknown risks associated with anesthesia. I have been made aware that the risks associated with local anesthesia, moderate sedation, and general anesthesia will vary. Of these three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. There are also risks with avoiding or delaying treatment. Nerve damage from local anesthesia administration usually resolves, however, this may be permanent.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy with the understanding that this may necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the anesthesiologist if I am a nursing mother. Medications, drugs, anesthetics, and prescriptions may cause drowsiness and in-coordination that can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least twenty-four hours, or until fully recovered from the effects of the anesthetic, medications, and drugs. I have been



advised not to make any major decisions until after full recovery from anesthesia. Parents are advised of the necessity of direct parental supervision of their child for twenty-four hours after anesthesia.

I hereby authorize and request the treating anesthesiologists to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and this is an independent function from the surgery/dentistry.

I have been advised of and completely understand the risks, benefits and alternatives of local anesthesia, sedation, and general anesthesia. I accept the possible risks and dangers. I acknowledge the receipt of and understand both the preoperative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about my, or my child's anesthesia and am satisfied with the information provided to me. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dental treatment performed while under anesthesia and that the dentist assumes no liability from the anesthesia performed. I authorize the exchange and sharing of personal information between the treating doctor's office and the anesthesiologist. I understand that parents, family members and their representatives will not be allowed in the treatment room during the procedure.

Print Patient's Name _____

Date of Birth _____

Print Parent/Guardian's Name _____ Phone _____

Signed _____ Date _____