

## Informed Consent for Anesthesia

The following is provided to inform patients, or the parent/guardian of a patient under the age of 18 years, 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. There are basically three choices for anesthesia: local anesthesia, conscious sedation and general anesthesia. The type of anesthesia / location in which it is administered will be determined on an individual basis.

I hereby authorize Patrick D. McCarty D.D.S., 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 or anesthetics (ranging from local to general anesthesia) by any route that is deemed suitable by Dr. McCarty, who is an independent contractor and consultant. It is the understanding of the undersigned that Dr. McCarty will have full charge of the administration and maintenance of the anesthesia and this is an independent function from the surgery/dentistry. I also understand that Dr. McCarty has no responsibility for the dental treatment to be performed, the diagnosis, or the treatment planning involved. Dr. McCarty assumes no liability from the surgery/dentistry performed while under anesthesia and the dentist of record assumes no liability from the anesthesia services performed. Dr. McCarty's sole attention and responsibility will be to render the most optimal and safest dental anesthesia possible.

The most frequent side effects of any IV anesthesia are drowsiness, nausea/vomiting, 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 for as long as 24 hours. It is recommended that adults refrain from activities, which involve coordination and judgement, such as driving, operating machinery, or signing any contracts. Children should remain in the presence of a responsible adult during this period. Nausea and possible vomiting following anesthesia will occur in 10 – 15 % of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however tenderness and a hard lump may be present for up to one year.

I have been informed and understand that rarely there are complications of anesthesia, including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack, and death. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk. However, it must be noted that local anesthesia is not always considered appropriate for every patient and every procedure.

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 Dr. McCarty of the possibility of being pregnant or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason I understand that I must inform Dr. McCarty if I am a nursing mother.

Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and a lack of coordination, which can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous devices for at least 24 hours or longer until fully recovered from the effects of the anesthetic, medication, and drugs that have been given to me or my child. I have been advised of the necessity of direct parental supervision of my child for twenty-four hours following their anesthesia.

I have been fully advised and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks, side effects, and dangers of anesthesia. I acknowledge the receipt of and understand both the preoperative and postoperative 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 own or my child's anesthesia, and I 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. I have read, understood, and received a copy of the consent prior to my appointment. Also, I have received and understand the Pre – Anesthesia, Day of Surgery and Post- Anesthesia Instruction forms.

Signed \_\_\_\_\_  
(Circle: Patient or Parent / Guardian of Patient)

Print Name \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Dr. Patrick D. McCarty D.D.S.)

\_\_\_\_\_  
(Print Doctor Name)