

Patient Name  
 DOB  
 MRN  
 Physician  
 CSN



**READ THIS FORM CAREFULLY. IT WILL GIVE YOU IMPORTANT INFORMATION ABOUT YOUR ANESTHESIA YOU ARE SCHEDULED TO RECEIVE.**

You will meet with your anesthesia provider (physician anesthesiologist or certified registered nurse anesthetist (CRNA)) so that your questions will be answered before the surgery or procedure. Anesthesia can be given in a number of ways and the anesthesia provider will help explain the options available to you. Sometimes the anesthesia that you and the anesthesia provider choose is different than what you were scheduled for, or additional services such as nerve blocks (below) might be an option. Your scheduled surgery, surgeon's wants, and your medical conditions will make a difference in which anesthesia is best for you.

**THE MOST COMMON TYPES OF ANESTHETICS ARE EXPLAINED BELOW:**

**GENERAL ANESTHESIA** **Description** This type of anesthesia causes you to lose consciousness. A medicine(s) by vein, breathed in gas, or both are used. Depending on the type of surgery planned, a device may be used to help you breathe and/or protect your lungs.

**Result** You will be in a deep sleep (unconscious) and will not be able to feel anything. You may need an advanced airway device or tube in your breathing pipe during the procedure.

**SPINAL OR EPIDURAL** **Description** Many surgeries can often be done with this type of anesthesia. Both types use the placement of local anesthetic (numbing medicine like the dentist uses) around the nerves in your back. Often, sedation (relaxation) medicine is given before the spinal/epidural procedure is done.

With sedation  
 Without sedation

**Result** Part of your body will feel numb so that you will feel no pain during the surgery and also after the surgery for a while. You may experience muscle weakness in the areas of your body at or below the level of the spinal block for a period of time after the procedure until the local anesthetic effect wears off.



Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.



**OVER →**

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE



\* X 2 0 9 8 1 \*

Patient Name

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**THE MOST COMMON TYPES OF ANESTHETICS ARE EXPLAINED BELOW: (Continued)**

<input type="checkbox"/> <b>NERVE BLOCK</b> <input type="checkbox"/> With sedation <input type="checkbox"/> Without sedation  Site _____  Side _____	<b>Description</b> This is an injection of local anesthetics around nerves that provide feeling to the area (such as your leg or arm) where the surgery is to be done. This is a type of anesthetic that might be used alone with sedation or with general anesthesia. The benefit of a nerve block is longer lasting pain relief and the need for less anesthetic and pain medicine.
	<b>Result</b> For a short time you will not be able to feel anything or move anything near the place of your procedure.
<input type="checkbox"/> <b>MONITORED ANESTHESIA CARE (MAC)</b>	<b>Description</b> This type of anesthesia service is provided for those procedures or surgeries where sedation of varying degrees is planned. Typically local anesthesia is given by the surgeon in this situation. Because this is not a general anesthetic, it is possible you may remember some of the events of your surgery.  <b>Result</b> You will feel very sleepy during and after your procedure. An anesthesia specialist will be available to help if necessary.

Your anesthesia provider can discuss with you the advantages and disadvantages of the options for anesthesia that are appropriate for your surgery.

Sometimes, the anesthesia plan chosen before your surgery needs to be changed when you are in the operating room. Most commonly, the anesthetic needs to become general anesthesia.

Anesthesia at Corewell Health is provided by skilled professionals. They understand you have worries and concerns. Anesthesia is not without risks. This form provides some information but cannot define all possible problems. Some, but not all risks include anxiousness, pain, nausea, headache, backache, hoarse voice, weakness, infection, pain in the mouth and/or throat, injury to teeth, injury to vein and/or nerve, fluid in lungs, infection in lungs, loss of feeling, a chance of awareness during the procedure, seizure, heart attack, stroke, as well as the possibility of death. Ask your anesthesia provider questions so you understand the risks and plan for anesthesia to your satisfaction.

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Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

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Physician \_\_\_\_\_

CSN \_\_\_\_\_

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**BY SIGNING THIS FORM, I AGREE TO THE FOLLOWING:**

- I may change my mind and not agree to this anesthesia plan. I must do this before I receive any anesthesia or sedation.
- I will allow the use of other kinds of anesthesia if it needs to be done for my safety and comfort.
- I have read or had this form read to me or explained to me in a language I understand.
- This form was explained to me on the dates written.
- I fully understand the contents of this form.

I have read this form or it has been explained to me. All my questions about this form have been answered.

Time  AM  PM \_\_\_\_\_ Date \_\_\_\_\_ Patient Signature \_\_\_\_\_ Witness to Signature \_\_\_\_\_

**If a patient is under 18 years of age or otherwise unable to consent, the following must be completed:**

I, \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_ of the patient; that patient is unable to consent because patient is a minor, or because: \_\_\_\_\_

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Time  AM  PM \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent, Legal Guardian, Patient Advocate or Next of Kin \_\_\_\_\_ Witness to Signature \_\_\_\_\_

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**STATEMENT FOR INVASIVE PROCEDURES ONLY:**

I have reviewed the patient consent form. The procedure for which the patient is consented conforms with the plan for this patient. I have discussed the risks, benefits and potential complications of the planned procedure, and the risks, benefits and potential complications of alternative treatments with the patient/family. The patient explained/taught back what he/she has recalled and understood from our discussion and wishes to proceed.

Physician signature \_\_\_\_\_ Pager number \_\_\_\_\_

**INTERPRETING SERVICES:**

I certify that I have interpreted, to the best of my ability, into and from the patient's stated primary language, everything said during the informed consent discussion.

TIME  AM  PM DATE \_\_\_\_\_ Interpreter signature \_\_\_\_\_

Interpreter name (print) \_\_\_\_\_

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