

American Anesthesiology of New Jersey AANJ Informed Consent and Authorization for Anesthesia

I, _____, understand that anesthesia services are needed for and are integral to my upcoming surgery.

A physician anesthesiologist and/ or certified registered nurse anesthetist (CRNA) will be taking care of me to help make sure that I am safe and comfortable during the surgery. The physician/ CRNA who administers the anesthesia is not an employee of the facility.

The 3 types of anesthesia used for eye surgery are general anesthesia, regional anesthesia and topical anesthesia. We do not use general anesthesia at the Essex Specialized Surgical Institute. Regional anesthesia involves an injection near the eye to make the region around it numb, similar to what a dentist would do to work on a patient's teeth. This is combined with intravenous sedation. Topical anesthesia involves using eye drops or a viscous gel to make the eye numb, and may be combined with a local anesthetic inside the eye and/or intravenous sedation. The decision to use regional or topical anesthesia is made primarily by your surgeon and this decision is based upon what your surgeon feels is best for the surgery and is best for you. No type of anesthesia can guarantee a perfect outcome and none are necessarily "better" ; than the other. If topical anesthesia is the chosen technique it may be converted to regional anesthesia either before or during surgery, after consultation and discussion between your anesthesiologist/ CRNA and surgeon. This is generally done if the patient is not able to cooperate when topical anesthesia is employed, or if there is additional complexity of the surgical procedure.

All forms of anesthesia involve some degree of risk.

The risks associated with regional anesthesia of the eye include, but are not limited to, bruising near the injection site, injury of a nerve or muscle by the injection needle, injection of local anesthetic into a blood vessel, bleeding near or behind the eye, and a very small risk of needle insertion into the eye itself. Some of the complications can cause postponement of surgery, but very rarely cause permanent damage to the eye with potential loss of vision.

The risk associated with topical anesthesia include, but are not limited to, occasional discomfort during the surgery, the use of increased amounts of sedation with its inherent effect on breathing and circulation, and unintentional movement of the eye during the surgery which could affect the surgical outcome or very rarely cause permanent damage to the eye with potential loss of vision.

I understand that all types of anesthesia are associated with more serious risks. The most serious of these extremely rare but potential consequences include, but are not limited to, changes in blood pressure and respiration, drug reaction, heart rhythm or heart rate problems, paralysis, seizures, brain damage, and death.

I understand that medication I am taking may cause complications with anesthesia or surgery. I understand that it is in my best interest to inform my physicians about any medications I am taking, including both prescribed and over the counter medications.

I certify that I have to the best of my ability informed the surgery center staff of all major illnesses I have had, of all past anesthetics I have received and any complications of these anesthetics known to me, of any allergies I have, and of all the prescribed and non-prescribed medications I have taken in the past year.

I understand that my anesthesia care will be given to me by a member of the Anesthesia Department. Any member of the Anesthesia Department may relieve the anesthesiologist / CRNA who initially takes care of me.

By signing this consent form I am indicating that I understand the contents of this document, agree to its provisions, and consent to the administration of anesthesia during my procedure. I understand that if I have concerns or would like more detailed information I can ask questions and receive more information from my anesthesiologist. I am also acknowledging that I realize that the practice of anesthesiology, medicine, and surgery is not an exact science and that no one has given me any promises or guarantees about the administration of anesthesia or its results.

I fully understand this document that I am now signing of my own free will.

SIGNATURE

Patient (or Guardian) Signature

Date: _____ Time: _____

The patient has been given opportunity to ask any questions they have with regard to the anesthesia care and these questions have been answered to his/her apparent satisfaction.

Anesthesiologist's Signature }

Witness Signature