

Jeffrey P. Fisher, DDS
"Anesthesia for Dentistry"

Informed Consent for Anesthesia
(For patients 12 years of age and older)

The information below is to inform you regarding the choices and risks involved with having treatment under intravenous sedation and/or general anesthesia. This information is not presented to make you more apprehensive, but rather to enable you to be better informed concerning the planned treatment. Dental procedures may be performed under four different circumstances: (1) utilizing *local anesthesia*, (2) utilizing *conscious sedation*, (3) utilizing *general anesthesia*, or (4) using *no anesthesia or sedation* at all. The use of anesthesia or sedation can be administered in a hospital, outpatient surgery center, or in a private office, depending on each individual patient's medical status.

Side Effects: 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 such as driving. You should arrange to have someone drive you home from your appointment. Nausea and possibly vomiting following anesthesia will occur in 15–30 percent 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 up to a year.

Complications: Rarely there may be complications of anesthesia, including but not limited to: pain, hematoma (abnormal localized collection of blood), numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack, and death. These complications of anesthesia may require hospitalization. The risks associated with the use of local anesthesia, conscious sedation, and general anesthesia vary. Of these three techniques, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every patient or for every procedure.

Pregnancy and Nursing: Anesthetics, medications, and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, a patient accepts full responsibility for informing the anesthesiologist of the *possibility* of pregnancy or of a *confirmed* pregnancy with the understanding that this will make it necessary to postpone the anesthesia appointment. For similar reasons, a patient must inform the anesthesiologist if she is a nursing mother.

Caution for 24 Hours: Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and loss of coordination, patients should not use alcohol or other drugs for 24 hours following anesthesia. Likewise, patients should not operate any vehicle or hazardous device for at least 24 hours until fully recovered from the effects of the anesthetic, medications, and drugs received.

STATEMENT OF CONSENT FOR ANESTHESIA

I have been fully advised and 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 pre-operative and post-operative anesthesia instructions that have been given to me. I have had the opportunity to ask questions about my anesthesia (or about the anesthesia of a patient incapable of giving informed consent), and I am satisfied with the information provided to me. I have read the contents of this consent form and have listened to the verbal explanation given to me.

I hereby authorize and request Jeffrey P. Fisher, DDS, to administer the anesthesia as previously explained to me. I furthermore authorize any other procedure deemed necessary or advisable as a corollary to the planned anesthesia or any required emergency procedures. I consent, authorize, and request the administration of anesthetic or anesthetics. Such anesthesia (local to general) may be administered by any route that is deemed suitable by the anesthesiologist.

I also understand that the anesthesia services are completely independent from the operating dentist's procedure. I understand that the anesthesiologist assumes no liability for the surgery/dentistry performed while under anesthesia, and that the dentist assumes no liability for the anesthesia. It is my understanding that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and that this is a function independent of the surgery/dental procedure.

If I should have any additional questions or concerns, I may contact Dr. Jeffrey P. Fisher at (916) 390-3673.

Enter patient's name to the right if he/she is incapable of giving informed consent: _____

Signed: _____ **Printed Name:** _____ **Date:** _____
(To be signed by patient, parent, or legal guardian) (Name of patient, parent, or legal guardian)

Relationship: _____ **Witness Name:** _____ **Date:** _____
(If person is signing above on behalf of the patient) (Name of person witnessing signature above)

Anesthesiologist: I have reviewed the contents of this form with the person signing above. I have explained the potential risks and benefits of this anesthesia procedure. **Signed :** _____ **Date:** _____

Jeffrey P. Fisher, DDS