



Jeffrey P. Fisher, DDS
"Anesthesia for Little People"

Informed Consent for Anesthesia to a Minor

The information below is to inform parents and/or guardians of minor children regarding the choices and risks involved with having treatment under intravenous sedation and/or general anesthesia. This information is not presented to make patients, parents, or legal guardians more apprehensive, but rather to enable them 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.

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 his or her dental treatment, and consult with your dentist or pediatrician as needed.

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. 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.

Caution for 24 Hours: Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and loss of coordination, parents or guardians should closely watch their child for 24 hours following anesthesia. Limit your child's participation in moderate or heavy physical exercise and monitor activity closely. Children should not swim, bike, or skate until fully recovered from the effects of the anesthetic, medications, and drugs that have been given. A child should be under direct parental/guardian supervision for 24 hours following anesthesia.

STATEMENT OF CONSENT FOR ANESTHESIA PROVIDED TO A MINOR

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 for my minor child. 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 child's anesthesia, 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 for my child 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 to my child. Such anesthesia (local to general) may be administered to my child 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.

Patient's Name: _____ **Relationship (to patient):** _____
(Name of minor patient) (Of person signing below on behalf of minor patient)

Signature: _____ **Printed Name:** _____ **Date:** _____
(Of minor patient's parent or legal guardian) (Of minor patient's parent or legal guardian)

Witness: _____ **Witness Name:** _____ **Date:** _____
(Signature of person witnessing the signature above) (Printed name of witness)

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