

# Abilene Surgery Center

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## Disclosure and Consent – Anesthesia and/or

### PeriOperative Pain Management (Analgesia)

**To the Patient:** You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the procedure.

I voluntarily request that anesthesia and/or perioperative pain management care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by: (1) an anesthesiologist, (2) the operating practitioner, and/or (3) an anesthesiologist assistant or certified nurse anesthetist under the delegation and/or medical direction of an anesthesiologist or the operating practitioner to the extent allowed by law and such other health care providers as necessary. Perioperative means the period immediately before and until immediately after the procedure.

I understand that anesthesia/analgesia involves additional risks and hazards but I request the use of anesthetics/analgesia for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also realize that other complications may occur that are more specific to the following anesthetic/analgesic methods:

**(Check all applicable anesthesia/analgesia methods and have the patient/other legally responsible person initial.)**

\_\_\_\_\_ REGIONAL BLOCK ANESTHESIA/ANALGESIA – nerve damage; persistent pain; bleeding/hematoma; infection, medical necessity to convert to general anesthesia.

\_\_\_\_\_ MONITORED ANESTHESIA CARE (MAC) or SEDATION/ANALGESIA – memory dysfunction/loss; medical necessity to convert to general anesthesia.

\_\_\_\_\_ General Anesthesia- total memory dysfunction

Additional comments/risks:

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I understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

I have been given an opportunity to ask questions about by anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I believe that I have sufficient information to give this informed consent.

This form has been fully explained to me, I have read it or have had it read to me, the blank spaces have been filled in, and I understand its contents.

**PATIENT/OTHER LEGALLY RESPONSIBLE PERSON (signature required)**

\_\_\_\_\_  
DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M./P.M.

WITNESS:

Signature: \_\_\_\_\_

Name (Print): Abilene Surgery Center

Address (Street or P.O. Box): 5601 Health Center Dr.

City, State, Zip: Abilene, TX 79605

\_\_\_\_\_  
Anesthesia Signature

Date