

ANESTHESIOLOGY GROUP ASSOCIATES

ANESTHESIA TREATMENTS AND PROCEDURES

Patient Consent to Treatment – Disclosure of Risks

The Louisiana Medical Disclosure Panel has identified that the following material risks are associated with the medical treatments and surgical procedures listed below. Please review closely those risks associated with the procedure(s) for which you are scheduled.

- | GENERAL ANESTHESIA | |
|--------------------|---|
| 1. | Allergic, abnormal, or hypersensitivity reaction to drugs or equipment, which may be fatal |
| 2. | Aspiration (inhalation) into the bronchi (airway) or lungs of stomach contents, stomach acids and foreign objects |
| 3. | Laryngeal and/or vocal cord trauma or edema (injury to or swelling of the vocal cords) |
| 4. | Heart attack or other heart problems |
| 5. | Death |
| 6. | Brain damage |
| 7. | Shock |
| 8. | Nerve damage ranging from loss of sensation to total paralysis |
| 9. | Chipped or broken teeth |
| 10. | Esophageal injury |
| 11. | Burns |
| 12. | Malignant hyperthermia (dangerously high fever which may result in death) |
| 13. | Injury to the lips, tongue, and inside of the mouth or airway injury |
| 14. | Breathing difficulties |
| 15. | Eye injuries |

- | CENTRAL VENOUS AND PULMONARY CATHETERIZATION | |
|--|--|
| 1. | Hemorrhage (bleeding) into the lungs, the pericardium (sac which surrounds the heart), the chest cavity and elsewhere |
| 2. | Pericardial tamponade (compression of the heart due to accumulation of blood or fluid in the sac around the heart) |
| 3. | Cardiac arrest (heart attack) |
| 4. | Stroke |
| 5. | Pneumothorax (lung collapse) |
| 6. | Infection |
| 7. | Cardiac arrhythmias (irregularities of the heart rhythm) |
| 8. | Shock (severe drop in blood pressure) |
| 9. | Damage to blood vessels |
| 10. | Damage to trachea (windpipe) and/or pharynx (throat) |
| 11. | Injury to vocal cords |
| 12. | Distal embolization (air, fat particles or blood clots which circulate in the bloodstream until becoming lodged in a vein or artery) |
| 13. | Damage to nerves, the lymph ducts, the heart and lungs |
| 14. | Infusion of fluid into the chest cavity, lungs, and pericardium |

- | EPIDURAL, SPINAL, REGIONAL ANESTHESIA | |
|---------------------------------------|---|
| 1. | Allergic, abnormal or hypersensitivity reaction to drugs or equipment, which may be fatal |
| 2. | Aspiration (inhalation) into the bronchi (airway) or lungs of stomach contents, stomach acids, and foreign objects |
| 3. | Leakage of cerebrospinal fluid |
| 4. | Chipped or broken teeth |
| 5. | Convulsions (seizures) |
| 6. | Epidural blood clot or abscess (bleeding or infection of the space adjacent to the spinal cord which may damage the spinal cord) |
| 7. | Broken needles or catheters which may lead to complications and necessitate need for artificial respirators and insertion of a breathing tube |
| 8. | Production of any unintended high level of anesthesia which may necessitate need for artificial respirators and insertion of a breathing tube |
| 9. | Incomplete analgesia (pain or discomfort during the procedure) |
| 10. | Injury to the lips, tongue, and inside of the mouth or airway injury |
| 11. | Laryngeal and vocal cord trauma or edema (injury to or swelling of the vocal cords) |
| 12. | Loss of bowel or bladder function or sexual function |
| 13. | Heart attack or other heart problems |
| 14. | Decreased blood pressure |
| 15. | Shock |
| 16. | Nerve damage ranging from loss of sensation to total paralysis |
| 17. | Back pain |
| 18. | Death |
| 19. | Brain damage |
| 20. | Severe headaches |

- | ARTERIAL CATHETERIZATION | |
|--------------------------|--|
| 1. | Decrease in blood flow to area supplied by the artery |
| 2. | Nerve damage |
| 3. | Loss of function of the limb or portion of the limb supplied by the artery |

Anesthesia Provider Certification: I hereby certify that I have provided and explained the information set forth herein and answered all questions of the patient, or the patient's representative, concerning the medical treatment or surgical procedure, to the best of my knowledge and ability.

(Signature of Anesthesia Provider)

Date

Time

Consent: I have read and understand all information set forth in this document and all applicable blanks were filled in prior to my signing. I acknowledge that I have had the opportunity to discuss with my doctor and to ask any questions about the risks associated with this procedure, including those listed above, and that all my questions have been answered to my satisfaction.

(Signature of Patient)

Date/Time

(Signature of Patient Representative)

Date/Time

(Witness to Signature)

Date/Time

(Relationship to Patient)

(Print Representative's Name)

Patient Label