

REYNOLDS ORAL & FACIAL SURGERY



CONSENT FOR ANESTHESIA

Patient's Name: _____ Date _____

The anesthetic I have chosen for surgery is:

- Local Anesthesia (LA)
- Local Anesthesia (LA) with Nitrous Oxide (N₂O also known as "laughing gas")
- Local Anesthesia with Nitrous Oxide and Per Mouth Anxiolysis (anti-anxiety medication)
- Local Anesthesia with Intravenous Sedation (IVS)/ Deep Sedation
- Local Anesthesia with General Anesthesia (GA)
- Local Anesthesia with General Anesthesia (GA) by an Anesthesiologist

I realize that Dr. Reynolds/ Dr. Auble will be performing surgery and also be the one administering the Anesthesia.

GENERAL RISKS AND OBLIGATIONS:

- In addition to the risks of the primary surgical procedure I understand that anesthesia itself involves specific risks. Administration of anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.
- Discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions.
- Post-operative Nausea and vomiting dizziness, light-headedness, inability to concentrate for a variable amount of time.
- It is important to continue to take any high blood pressure, heart medications or any medications provided by this office for pre-anesthetic anxiolysis (anti-anxiety). However, it is not necessary to take medicines such as anti-depressants or vitamins on the morning of the surgery. If I wish, these can be taken later that day after the surgery. If I have medicines to take, I will use only a small sip of water.
- I understand **smoking** is extremely detrimental to the success of this surgery. **It increases airway reactivity (lung irritability); it decreases the bloods oxygen carrying capacity which decreases healing ability.**
- I have discussed my past medical history with the doctor and have disclosed **ALL** diseases and medications, including alcohol and drug use past and present.
- I have discontinued all homeopathic, herbal supplements. I understand they can have detrimental cardiac and blood clotting/bleeding effects.
- Recovery time from Nitrous Oxide (N₂O or laughing gas) is usually very short, but may be prolonged, requiring you to remain in the office for some time after surgery. Rarely, you may be unable to drive home alone. Thus, it is best to arrange for a responsible friend or family member to be "on call" for such a possibility.
- Although not usually required, it may be best to have a responsible adult accompany you to drive you home.

ADDITIONAL OBLIGATIONS FOR BY-MOUTH ANXIOLYSIS, IVS AND GA

- Because anesthetic medications cause prolonged drowsiness, I **MUST** be accompanied by a responsible adult to drive me home and stay with me until I am sufficiently recovered to care for myself. This may be up to 24 hours.
- During recovery time (24 hours) I should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

ADDITIONAL OBLIGATIONS FOR INTRAVENOUS SEDATION (IVS) AND GENERAL ANESTHESIA (GA)

- I must have a completely empty stomach. IT IS VITAL THAT I HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO IVS or GA except for the high blood pressure and heart medicines as mentioned above. To do otherwise may be life threatening.
- I will not take pre-op antibiotics the morning of IVS or GA. These will be given through my IV by Dr. Reynolds/Dr. Auble.
- I understand there may be inflammation at the site of intravenous injection (phlebitis) which may cause prolonged discomfort and or disability and may require special care.

When was the last time you had anything, (medications or food) by mouth? Date: _____ Time: _____ am pm

What did you have? _____

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in, and any inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date