

CONSENT FOR INTRAVENOUS SEDATION ANESTHESIA

You have chosen intravenous sedation anesthesia for your surgery. Such anesthesia is quite common for oral surgery and is considered a safe procedure. Nevertheless, any anesthesia is not without some risks. The common ones are noted below for your review before you consent to its use.

1. Allergic reactions (previously unknown) to any of the medications used in the procedure.
2. Discomfort, swelling or bruising at the site where the intravenous drugs are placed into a vein.
3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level where arm or hand motion is temporarily restricted and medications may be required.
4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest and sometimes medications may be required for relief.
5. Intravenous sedation anesthesia is a serious medical procedure and, whether given in a hospital or office setting, carries with it the risk of brain damage, heart attack or death.

Your Obligations:

1. Because the anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
2. During the time of recovery (normally 24 hours) you should not drive, operate machinery or devices or make important decisions, such as signing legal documents, etc.
3. Due to the potential for nausea and vomiting under anesthesia, you must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK** after midnight the day of your surgery.
TO DO OTHERWISE MAY BE LIFE THREATENING!

My signature here (or that of my Legal Guardian) indicates that I (or my Legal Guardian) have read and understand the above information.

Signature of Patient (or Legal Guardian)

Do NOT sign this portion of the consent form until you (or your Legal Guardian) and Dr. Gustave have discussed it.

CONSENT: I (or my Legal Guardian) have read and understand the above paragraphs and realize that intravenous anesthesia carries with it certain risks. I request that intravenous anesthesia be used for my surgery. My signature (or that of my legal guardian) certifies that I have had nothing to eat or drink since midnight last night. All my questions have been answered fully to my satisfaction regarding this consent, and I full understand the risks involved. I also state that I (or my legal guardian) speak, read, write and understand English.

Signature of Patient (or Legal Guardian)

Date

Dr. Frederick Gustave

Date

Signature of Witness

Date