



Department of Anaesthesiology

Informed Consent: Anaesthesia

Name Age.....Sex.....Weight.....
CR No. Ward Bed No.

TO BE FILLED BY THE PATIENT OR THE DOCTOR TO DOCUMENT IN PATIENT'S OWN WORDS

1. _____ have been scheduled for surgery under Dr. _____

I understand that anaesthesia services are needed so that my doctor can perform the operation or procedure.

I am aware that anaesthesia will be provided to me by a trained and skilled anaesthesiologist, who will be monitoring my health throughout the procedure and whose goal will be to ensure a safe and comfortable surgery for me. It has been explained to me, however, that all forms of anaesthesia involve some risks, even at the hands of competent and experienced anaesthesiologists.

I understand that the types(s) of anaesthesia checked below will be used for my procedure and that the anaesthesia technique to be used is determined by many factors including my physical condition, the type of procedure, my doctor's preference, as well as my own desire.

It has been explained to me that sometimes an anaesthesia technique which involves the use of local anaesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.

Complications: I understand that these complications have been listed to me to help me make an informed decision, and that the possibility of a major complications is remote.

1. General Anaesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe.
	Technique	Drug injected into the bloodstream or breathed into the lungs.
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth, or teeth or dental work, eye abrasions. awareness under anaesthesia injury to blood vessels, vomit in the lungs, pneumonia, visual loss following surgery in prone position, inability to place the breathing tube,
2. Spinal/Epidural analgesia/ anaesthesia With sedation/Without sedation	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, nerve damage leading to persistent weakness, difficulty in passing urine, numbness, residual pain, injury to blood vessels, hematoma, total spinal.
3. Nerve Block With/without sedation	Expected Result	Temporary loss of feeling and/or movement of a specific limb.
	Technique	Drug injected near nerves providing loss of sensation to the area of the Operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels
4. Monitored Anaesthesia Care	Expected Result	Reduced anxiety and pain, partial or total amnesia.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.
	Risks (include but not limited to)	An unconscious slate, depressed breathing, injury to blood vessels.

INDIVIDUAL RISKS (to be completed by the anaesthesiologist completing this form)

I understand that according to my medical history and type of surgery planned, I come under the following risk stratification for surgery and anaesthesia:

ASAPS 1 & 2 : Standard risk
ASAPS 4 & 5: High risk

ASAPS 3: Moderate risk
Emergency Surgeries

P a t i e n t ' s s p e c i f i c r i s k s :

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DECLARATION BY PATIENT / GUARDIAN (in case of minors) / CLOSE RELATIVE (if patient is unable to make an informed consent)

•I acknowledge the anaesthesiologist has informed me about the anaesthetic plan and the alternatives available. All my specific queries and concerns about this matter have been addressed.

I acknowledge that I have discussed with the anaesthesiologist significant risks and complications specific to my patient's individual circumstances.

I consent to the anaesthesia service(s) and other eventualities discussed above and authorize that it com be administered to me by the designated doctors. I also consent to any alternative form of anaesthesia if necessary, as deemed appropriate by the anaesthesia care team.

Please tick whichever is applicable

- In view of the above mentioned problems that are specific to me / my ward, I understand that I am/ my ward is a very high risk case for anaesthesia and surgery. Post operative ventilatory support and ICU care may be needed.
- I consent to the photography or televising of the procedure to be perform for the purpose of advancing medical education: or its publication in scientific journals, provided the patient identity is not revealed. I also consent to the observation of the procedure by qualified observers as may be authorized by UPUMS Saifai
- I hereby give procedural consent for.....
and risks and benefits for the same have been explained to me in detail.

I certify that I have received complete information and fully understood the above consent statement, that all of my questions have been answered to my satisfaction, that all blanks requiring insertion or completion were filled in, prior to the time of my signature, and that this consent is given with stable mind, freely, voluntarily and without reservation.

Knowing the above risk, on my own responsibility, I hereby authorize designated doctors to go ahead on anaesthesia and surgery al my

Patient/Substitute Decision Maker		Witness:	
Name:		Name:	
Relationship:		Relationship:	
Signature::		Signature::	
Date		Date	

DECLARATION BY THE ANAESTHESIOLOGIST PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of general and/or regional anesthesia to be given and discussed the risks that Particularly concern this patient. I have explained the patient's condition, the procedure and the risks, likely consequences if those risks occur and the significant risks and problems specific to this patient. I have given the Patient/ Guardian an opportunity to ask questions about any of the above matters and raise any other concerns, which I have answered as fully as possible. I am of the opinion that the Patient/ Substitute Decision Maker understood the above information

Name of Doctor:	Signature:
Designation:	Date: