

National Taiwan University Hospital
ANESTHESIA CONSENT FORM

This is to tell you and your family some of the possible risks of having anesthesia.

1. Anesthesia is needed to relieve you of pain and stress during surgical procedures. However, all forms of anesthesia involve some risks even death. The reported perioperative mortality rate correlates with a patient's preoperative health conditions. The predicted perioperative mortality rate listed below is based on a five-category physical status classification system adopted by the American Society of Anesthesiologists.
Class1: normal healthy patient (mortality rate 0.06-0.08%)
Class2: mild systemic disease and no functional limitations (mortality rate 0.27-0.4%)
Class3: moderate to severe systemic disease that results in some functional limitations (mortality rate 1.8-4.3%)
Class4: severe systemic disease that is a constant threat to life and functionally incapacitating (mortality rate 7.8-23%)
Class5: not expected to survive 24 h with or without surgery (mortality rate 9.4-51%)
2. As with any other medical intervention, there are risks of potential complications with virtually all forms of anesthesia.
 - A. Existing or past medical problems may add risk during and after surgery.
 - i. Cardiovascular problems such as angina, a previous heart attack, heart failure, hypertension, or valvular heart disease increase your risk of myocardial infarction and stroke.
 - ii. Lung problems such as asthma, respiratory tract infection, or chronic obstructive pulmonary diseases may worsen your lung condition after surgery.
 - iii. Other conditions such as liver disease, kidney problems, endocrine disorders, cancer, alcohol, or drug abuse also increase your risk.
 - iv. The anesthesiologist providing your care is a skilled specialist who is trained to foresee and prevent most of the problems before they arise. Some critical problems occurring during or after anesthesia may call for you to stay in the intensive care unit after surgery.
 - B. During anesthesia, we must keep your airway open. This can result in injury to your teeth, dental work, tongue, lips, nose or throat. You may have a sore throat from the airway used during surgery.
 - C. You may vomit the contents of your stomach during surgery. They may enter the lungs and cause breathing problems. This risk of aspiration will greatly increase in an emergency surgery or in a patient with increased abdominal pressure (intestinal obstruction, pregnancy).
 - D. You may have adverse reactions to drugs or blood products you receive during surgery. On rare occasions, these may be life-threatening.
 - E. You may sometimes have skin or nerve injury from positioning required for surgery or equipment used during surgery.
 - F. You may have a headache or backache after a spinal or epidural anesthesia. On rare occasions, transient neurological symptoms or even permanent nerve damage can occur.
 - G. Some drugs given during surgery may cause your muscles to be sore and stiff.
 - H. Although rarely occurs, an incidence of 0.2% is reported for the occurrence of awareness during general anesthesia. Most of these cases are reported by patients undergoing major cardiothoracic surgeries.
 - I. Although rarely, malignant hyperthermia may occur in genetically susceptible patients after exposure to an anesthetic triggering agent (1:15,000 in pediatric patients and 1:40,000 in adult patients).
 - J. While waking up from anesthesia, some patients may shake or shiver.
 - K. Some patients feel nauseated or vomit after surgery or anesthesia. This can be influenced by a history of motion sickness, the type of surgery performed, anesthetics used during surgery, and the pain medications after surgery.
3. In the event of a sudden unexpected critical condition (hypoxic brain injury or massive bleeding), extraordinary measures (surgical tracheostomy to secure the airway or arterial and central venous catheter insertion to stabilize circulation) may become necessary.
4. If you still have questions about any part of the intraoperative events or anesthetic plans, please talk to your doctor or anesthesiologist about them before surgery.

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Medical Record No. _____ Name _____ Ward _____ Page _____

Basic Information

Name : _____

Birthday : _____ (month) _____ (date) _____ (year)

Medical record No. : _____

Anesthesiologist : _____

1. Type(s) of anesthesia to be given

A. Surgical procedure(s) to be performed:

B. Type(s) of anesthesia recommended:

general anesthesia spinal or epidural anesthesia nerve block monitored anesthesia

2. Anesthesiologist's verifies the following:

A. I have completed a thorough preoperative anesthetic evaluation of my patient.

B. I have well informed my patient of the anesthetic procedures and the associated risks to ensure that my patient has sufficient information to consent to the anesthesia service checked above.

C. I have given patient and family ample opportunity to ask questions and to receive answers regarding the anesthetic plan.

Date : _____

Anesthesiologist's signature

Time : _____

3. Patient's acknowledgement

A. I understand that anesthesia services are necessary for the surgical treatment.

B. My anesthesiologist has explained the anesthetic procedures and their risks to me and I had ample time to ask questions and to consider my decision.

C. I have also read the "PATIENT INFORMATION FOR CONSENT TO ANESTHESIA" form and understand the risks of the anesthetic procedures.

I hereby consent to the anesthetic procedures checked above.

Date : _____

Signature

Relationship to patient

Time : _____

Address : _____

TEL : _____

Date : _____

Witness

Time : _____