

INFORMATION CONCERNING SURGICAL ANESTHESIA

The members of the Anesthesia Department (Emory Specialty Associates - Anesthesia) would like to convey to you information about anesthetic techniques for your forthcoming surgery that you and your surgeon have planned. Of course, you may waive the right to receive this information by indicating as such below your signature on the reverse of this form. Whichever technique is chosen will be a decision made jointly by you, your surgeon and the anesthesiologist.

Whenever the surgeon or a patient consults the Anesthesia Department, the anesthetist/anesthesiologist will be present throughout the procedure no matter what anesthetic technique is used. Appropriate monitoring that adheres to the American Society of Anesthesiologists standards of care will be used. Our goal is to keep you safe, and as comfortable as possible throughout your time here at our surgery center. The types of anesthesia are as follows:

MAC / TIVA / SEDATION ANESTHESIA

The terms MAC anesthesia, Total Intravenous Anesthesia (TIVA), and sedation anesthesia all refer to the same type of anesthetic technique. MAC anesthesia is an older term meaning: monitored anesthesia care. This implies that an anesthesiologist or certified nurse anesthetist will be present in the operating room with you to monitor your vital signs, oxygen delivery, and comfort. This term was replaced recently with the term TIVA, in which not only will your vital signs be monitored but also the anesthesiologist or nurse anesthetist will give intravenous medications to cause sedation. The sedation is typically light meaning you can respond to verbal commands and questions. You will be aware of your surroundings in the operating room and your reflexes, both airway and peripheral are intact. Some of the medications that are given for sedation may include midazolam, propofol, ketamine, and fentanyl. These medications can blunt memory of the perioperative events, and even some people have no recall of the surgery. During TIVA anesthesia your vital signs, oxygen content, and comfort are continually being monitored. During this sedation form of anesthesia the surgeon must use a local anesthetic to "numb" the area being operated upon. Every effort is made to maximize your comfort during this type of anesthesia but this type of anesthesia is highly dependent upon patient cooperation. If at anytime during the procedure you become uncomfortable, have significant pain, or develop a medical problem, a more advanced type of anesthesia (such as general anesthesia) may be employed. Your safety is our utmost concern; it is very common to have full memory of intra-operative events with this form of anesthesia.

GENERAL ANESTHESIA

General anesthesia implies that you will be given a series of intravenous or inhalation medicines or a combination that will induce a "sleep-like" state. These medications will be continuously administered to you throughout the surgical procedure until surgery has ended. You will awaken from the anesthetic shortly thereafter and remain in the post anesthesia care unit (PACU or recovery room) until all your airway reflexes and cognitive function return and your vital signs (BP, pulse, oxygen %, temp) are stable. It is common to have no memory of being in the PACU. In very rare instances (1:50,000) awareness under anesthesia has occurred in high-risk patients. The anesthesiologist and certified nurse anesthetists will take all necessary steps to prevent awareness from occurring. An estimated 40 million anesthetics are administered each year in this country. The most recent data regarding the risk of problems under general anesthesia include -- allergic reaction, loss of airway, irregular heartbeat, stroke and even death, is approximately 1 in 250,000.

REGIONAL ANESTHESIA / including PERIPHERAL NERVE BLOCK and INTRAVENOUS REGIONAL

Occasionally a segment of the body can be anesthetized with local anesthetics so surgery can be performed. This is referred to as a peripheral nerve block. This type of anesthesia can be used also for post-operative pain relief in addition to using general anesthesia. Regional anesthesia implies that a local anesthetic is injected near the nerves that control sensation and movement of the upper or lower extremities. This will cause a "numbness" to occur in the area that will or has already been operated upon. In many cases the anesthesiologist will employ the use of a nerve stimulator or similar devices to aid in the location of the appropriate nerve or nerve bundle. The use of these devices may improve the safety and effectiveness of the peripheral nerve block.

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For brief procedures of the upper or lower extremity an intravenous regional anesthetic technique may be used. This type of anesthetic involves placing an additional intravenous catheter into the surgical site extremity and then injecting a dilute local anesthesia in this extremity that has a tourniquet applied and inflated. You may receive sedation prior to and during the surgical procedure.

Risks involved with performing a regional anesthetic technique may include damage to the nerve being blocked, or injury to the blood vessels surrounding the neural structures including inadvertent injection of the local anesthetic into the blood vessel. Injection of the medicine (local anesthetic) into a vein or artery could precipitate loss of consciousness, seizure, cardiac dysrhythmia, and even cardiac arrest, stroke, and death.

SPINAL ANESTHESIA and EPIDURAL ANESTHESIA

Spinal anesthesia may be chosen for surgical procedures performed on the lower half of the body. In this case a needle will be inserted at waist level between the bones of the spine into the space containing cerebral spinal fluid. A local anesthetic agent is injected to "numb" the nerves coming from the spinal cord. You will temporarily lose feeling and the ability to move the lower part of your body. In some instances you may even lose bladder or bowel control but this is rare. In other rare instances (less than 3%) some patients may experience a post-spinal headache. Some patients have reported that after receiving a spinal anesthetic they developed numbness, burning, and aching of the legs and buttocks. These symptoms are transient and should resolve after several weeks. Backache has also been reported following spinal anesthesia. During a spinal anesthetic you may experience a higher than planned level of anesthesia, temporary low blood pressure, and even nausea. You may receive sedation during this type of anesthesia if you wish. All effects of the spinal anesthetic must "wear off" prior to being discharged home. This may require several hours of PACU monitoring.

Like spinal anesthesia, epidural anesthesia is used for procedures involving the lower half of the body. This type of anesthesia allows for longer duration cases, postoperative pain control, and a more gradual onset of the "numbness" desired for surgery. In this case a needle is inserted between the bones of the spine into the "epidural space" located just outside the spinal fluid sac. Again local anesthetic is injected to numb the nerves coming from the spinal cord. An inadvertent puncture of the spinal fluid sac or perforation of an epidural vein can occur. Like a spinal anesthetic, patients have reported backache, headache, nausea, and even pruritis (itching). You may receive sedation during this type of anesthesia if you wish. All neurologic effects of the epidural must wear off prior to being discharged home. Men with a history of prostate disease may experience urinary retention and may require catheterization.

This current informed-consent law requires that you be informed of the material risks involved with surgery and Anesthesia. Fortunately, complications resulting from the anesthesia and anesthetic care are infrequent. Minor complications include; allergic reactions, sore throat, hoarseness, temporary blurred vision, nausea, vomiting, sore muscles or joints. Other complications may include damage to teeth, including capped teeth, dental appliances such as crowns or veneers, and even injury to the tongue and other oral tissues. Major complications are very infrequent but must be mentioned, these include; loss of function of a limb or organ system (liver, kidneys), nerve injury due to positioning, muscle damage, infection, paralysis, quadriplegia, cardiac arrest, brain damage, seizures, and death. Every effort will be made by the anesthetic team to avoid such incidents. A member of the anesthesia team will be present throughout the entire surgical procedure. The monitoring of your vital signs, the providing of pain relief, and the care and respect for you are our primary concerns. Additional information may be obtained at www.esa-anesthesia.com , or www.asahq.org .

By signing this form, you acknowledge that you have read it, or have had it read to you. You will have an opportunity to discuss any question you have with the anesthesiologist prior to any anesthetic technique.

Signature

Date

I wish to waive the right to receive the above information _____