

**SUPPLEMENTAL CONSENT FOR
REGIONAL BLOCKS DURING
GENERAL ANESTHESIA**

In providing my consent to the scheduled surgery and the "Consent for Anesthesia Services," I have been informed by my physician(s) that in addition to undergoing General Anesthesia, I have the option of also receiving a regional block. My physician(s) has explained the medical indications for performing this block while under general as follows:

In discussing this procedure, my physician(s) has also explained the additional risk of nerve damage associated with placing a regional block while I am deeply sedated or under general anesthesia. I have been informed that depending on the location of the regional block, such nerve damage may include permanent paralysis of the arms, legs and/or bowel and bladder dysfunction.

I further understand that for the procedure I am considering, there is an increased risk as specifically described below.

In agreeing to have a regional block performed while I am under general anesthesia, I have been given the opportunity to fully discuss both the risks and benefits with my physician(s) and/or family members. Having carefully weighed the increased risks and benefits involved, I have elected to receive a regional block while under general anesthesia.

Patient's Signature

Date and Time