CONSENT FOR ANESTHETIC SERVICES: EYE SURGERY

I, _____ [print patient's name], have been scheduled for _____ surgery. I understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

I understand that the type(s) of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure to be performed, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique that involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia. It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATIONS CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, BLINDNESS, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, STROKE, BRAIN DAMAGE, HEART ATTACK OR DEATH.** I understand that these risks apply to **ALL** forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia.

A member of ANESTHESIA GROUP will be providing anesthesia services for my procedure. The type of anesthesia I will be receiving is:

☐ Sedation	This can vary in depth from mild to moderate to deep. One or more hypnotic or sedative drugs will be given intravenously with the goal of reduced consciousness and total or partial amnesia. In addition to sedation, anesthetic drops or gel may be placed in the operative eye to further relieve discomfort during and immediately following the procedure.
☐ Peri-Orbital Injection Specific block: ☐ Retrobulbar ☐ Peribulbar ☐ Subtenons	The anesthesiologist has been asked to administer a local anesthetic around your eye. Introduction of this anesthetic is accomplished by introducing a needle or cannula into the orbit surrounding the eye. Local anesthetic is then administered to make the eye numb/insensitive to the operative procedure. The risks of this procedure, although rare, can be serious and include injury to the eye itself and the muscles surrounding the eye. Such injuries can lead to vision impairment or total loss of vision. Alternatives to peri-orbital injection include the above noted sedation in combination with eye drops or gel. The availability of either type of anesthetic is dependent upon the surgery in question, the requirements of the surgeon and underlying health issues that may contradict a particular type of anesthetic.

I consent to the anesthesia services checked above, to be provided by an anesthesiologist from [ANESTHESIA GROUP], all of whose members have been credentialed to provide anesthesia services as contemplated in this health care facility.

In addition to the anesthetic discussed above, I also consent to alternative types of anesthesia, if necessary, as deemed appropriate by the anesthesia care provider.

I acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decisions.

_____ _____
Patient's Signature *Date and Time*

_____ _____ _____
Anesthesia Provider's Signature *Substitute's Signature* *Relationship to Patient*