REGIONAL ANESTHESIA explained:

Regional anesthesia is the use of anesthesia that affects a certain region of the body where the surgical procedure will be performed. Regional anesthesia can also be used to relieve pain on the long term without anesthesia by injecting certain parts of the body with diluted concentrations of the anesthetic drugs after surgery or even after injury. Anesthesia affects the patient’s respiration and blood circulation, while the surgical procedure itself is the cause of other changes in the body of the patient. So the anaesthetist uses his skills and equipment for monitoring and management of the patient’s condition to ensure safety during anesthesia and surgery.

Sedation + Local means a drug-induced state during which patient remains conscious and respond to verbal commands. Although cognitive function and coordination maybe impaired, conscious ventilation and cardiovascular function are unaffected.

Alternatives of Anaesthesia explained:

- General Anaesthesia (GA)
- Spinal
- Epidural
- Combined (Epidural + GA)
- Sedation

Risks

Common risks that all patients are exposed to include:
- Awareness of the activities in the operating room during anesthesia, especially during the conduct of certain operations and in some cases of emergency.
- Corneal ulcerations, causing pain and needing treatment either by surgery (corneoplasty) or medical treatment.
- Damage to teeth or their functions, lips or tongue.

Extremely rare risks suffered by all patients may include:
- Blockage of breathing passages, which cannot be controlled quickly, resulting in severe difficulty in breathing.
- Severe allergy to anesthetic drugs can cause breathing difficulties and skin rash. In some rare cases it can cause acute body swelling, severe drop in blood pressure and a decline in circulation.
- Some genetically predisposed patients the allergic sensitivity of the body muscles to certain anesthetic drugs results in (Malignant Hyperthermia). This sensitivity can cause a rapid rise in body temperature, the heart and breathing rate with high blood pressure and muscle stiffness.
- Heart attacks and pneumonia. While these risks are uncommon, their incidence increases with patients who suffer from diseases of the arteries and lungs and in smokers.

Regional anesthesia involves some of the risks mentioned above, as well as other risks and consequences, including:
- Muscle weakness of the anesthetized limb, or difficult urination during the effect of the anesthetic drug. This continues until the effect of the anesthetic drug wears off. We may then need to insert a urinary catheter.
- Headache, usually short-term but may be severe and lasts for several days.
- Damage to blood vessels or adjacent organs like the lungs.
- Low back pain after epidural or spinal anesthesia. This usually improves rapidly although it may continue in some cases.

Note ** There may be other non- common risks that are not included in the above mentioned risks. Please ask the anesthetist responsible for managing your care if you have any concerns.
Risks and Benefits of Alternatives:

Type of Chosen Anesthesia:

Risks and Benefits of Chosen Anesthesia:

Education on post-operative Analgesia:

HIGH RISK CONSENT INDEMNITY STATEMENT (As Applicable)

I, __________________________, Holder of ID NO # __________________________, have been explained about the causes of myself/my patient being High Risk are due to the following:

Reason for High Risk

1. 
2. 
3. 

Patient Consent

I consent that the anesthetist has provided me with all the information necessary for my anesthesia, sedation and/or pain relief, alternative ways to relieve my pain and he has answered all my concerns and fears to my satisfaction

I consent that I have discussed with the anesthetist any significant risks and complications related to my case and I have taken that into consideration when I decided to use this kind of anesthesia/sedation.

I am fully aware that any anesthetist may perform my anesthesia.

Patient’s Name and Signature

Date & Time

Substitute Consent Giver Name

Substitute Consent Giver Signature

Date & Time

Consent of the anesthetist who provided information for this consent

- I consent that I clarified the nature of general and/or regional anesthesia method which is going to be used and the consequences and risks of such a procedure
- I gave the opportunity to the patient to ask questions and I have answered all his inquiries.

Anaesthesiologist Name/Stamp

Anaesthesiologist Signature

Date & Time

Witness

I, __________________________, an employee of UHS and not the patient’s physician, have witnessed the patient or his/her substitute or guardian sign voluntarily this form.

Witness Signature

Date & Time

Title/Designation of witness:

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