



**Ambulatory Dental
Anesthesia Associates**

— VIGILANT —

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Dentist Anesthesiologists

ANESTHESIA CONSENT

The following is provided to inform you of the choices and risks involved with your dental treatment under anesthesia. This information is presented to enable you to be better informed concerning your treatment options.

YOUR OPTIONS

_____ There are different options of anesthesia that can be used for your treatment:

1. No anesthesia
2. Local anesthesia - You will be fully awake, and will be given injection(s) to numb the treatment area
3. Sedation - You will be drowsy throughout the procedure, and will be given injection(s) to numb the treatment area
4. General anesthesia - You will be asleep throughout the procedure, and may be given injection(s) to numb the treatment area. Breathing tube will be placed from the mouth or the nose to protect your airway, and to ensure that you're breathing pro

These options will depend on each individual patient's medical status and needs. Dental treatment under no anesthesia and local anesthesia may be done without the presence of an anesthesiologist. On the other hand, sedation and general anesthesia require the presence of healthcare professional who is licensed and trained in anesthesiology.

COMMON SIDE EFFECTS

_____ The following are some of the most frequent side effects of sedation and general anesthesia.

- Drowsiness: You will remain drowsy and groggy for the rest of the day. As a result, your physical coordination will be impaired.
- Impaired judgment: Your judgment will be impaired following anesthesia, which can be up to twenty-four (24) hours following anesthesia.
- Nausea and vomiting: You may experience nausea and vomiting following anesthesia, which occurs in about 15-30% of patients.
- Phlebitis: Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however tenderness, discoloration, and a hard lump may be present up to a year.
- Sore throat: You may experience sore throat for a few days following anesthesia if a breathing tube is

placed during the anesthesia.

COMPLICATIONS AND RISKS

_____ Anesthesia carries certain risks. Although rare, serious complication may arise as a result of anesthesia which may include: serious allergic reaction, kidney injury, stroke, brain injury, heart attack, and death. Certain complications may require hospitalization.

_____ Dental injections also carries certain risks. These may include temporary or permanent numbness at the area of injection, temporary or permanent nerve damage at the area of injection, seizures, or heart attack.

_____ Risks of complications are generally the lowest with no anesthesia, and greatest with deep sedation and general anesthesia.

DIETARY RESTRICTIONS

_____ During anesthesia, **any food or liquid in the stomach can lead to life threatening complications** including brain injury and death.

_____ You **must not have anything to eat or drink starting midnight** before your appointment.

Exceptions:

- **Clear water** and **clear apple** juice may be consumed no less than **four (4) hours** prior to the anesthesia appointment.
- Morning **medications** may be taken with a tiny sip of **clear water**, just enough to swallow the pills.

PREGNANT AND NURSING PATIENTS

_____ **FEMALE PATIENTS:** Anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility of informing the anesthesiologist of any possibility of pregnancy or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. I also understand that I must inform the anesthesiologist if I am a nursing mother.

CLEARANCE FOR ANESTHESIA

_____ Anesthesia clearance requires a careful review of your medical history and physical presentation. The anesthesiologist will require a copy of your recent medical history and physical from your physician before an appointment can be booked.

_____ A medical clearance from your physician does not guarantee a clearance for the anesthesia. On the appointment day, the anesthesiologist will make the final determination based on careful assessment as to whether anesthesia appointment may proceed as planned.

_____ I understand that the anesthesiologist has the rights to cancel, postpone, or refuse anesthesia for **any risk or perceived risk** which in **his/her sole discretion** may outweigh the benefits of the anesthesia.

RESPONSIBLE ADULT

_____ A responsible adult eighteen years old or older must be present with you at your appointment to receive postop instructions, drive you home, and stay with you throughout your home recovery period. The responsible adult must be someone who will be able to stay with you and monitor you for at least 24 hours following your anesthesia.

_____ Your guardian, responsible adult, or anyone else accompanying you WILL NOT be allowed access to the procedure area during the anesthesia until you are awake and deemed okay by the anesthesiologist. Please be sure to communicate this to anyone accompanying you on the day of your appointment.

AFTER THE ANESTHESIA

_____ You will be drowsy for the remainder of the day. Your physical coordination will be impaired. Thus, it is important that a responsible adult remain in your presence at all times for twenty-four (24) hours following anesthesia. During this period, you must not drive, operate heavy machinery, work, make important decisions, exercise, play sports, ride the bicycle, or participate in any other activities which require physical coordination. You **must not** walk up and down the stairs without an assistance of a responsible adult.

_____ Use of street drugs (marijuana, heroine, cocaine, etc.) is strictly forbidden for several days after your anesthesia. The mixture of street drugs and anesthetic/sedative agents has resulted in very serious and even fatal complications. Please consult the anesthesiologist about safe use of these substances if you use them.

AUTHORIZATION AND REQUEST TO PROVIDE ANESTHESIA

_____ I hereby authorize and request **Chet J. Sokolowski, DDS / Eric Han, DDS** to perform the anesthesia and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (local to general) by any route that is deemed suitable by the anesthesiologist. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and that this is an independent function from the surgery/dentistry.

_____ I have been advised of and completely understand the risks, benefits and alternatives of local anesthesia, sedation and general anesthesia. I have had the ample opportunity to review the consent form, ask questions, request information, consider the risks and alternatives (including no anesthesia), and make an informed decision regarding the anticipated anesthesia. I am satisfied with the information given to me and I consent to anesthesia.

_____ I understand that there is no warranty and no guarantee as to any result and/or cure. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dental treatment performed while under anesthesia, and that the dentist assumes no liability from the anesthesia performed.

If you have any further questions about the anesthesia or if you feel that you need more information, please contact us before you proceed.

