

## Elaboration and Consent for anesthesia

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ record no. \_\_\_\_\_

### 一、 Proposed anesthesia (To include additional description if necessary)

1. Name of operation :
2. Proposed anesthesia : general anesthesia、spinal anesthesia、epidural anesthesia、intravenous general anesthesia sedation anesthesia
3. Please read the page below and the backpage for further explanation on anesthesia.

### \* Attentions :

1. If the operation could not be performed properly under regional anesthesia, general anesthesia would be conducted then.
2. Under certain circumstances, anesthetic doctor might perform some invasive procedures such as nasal airway , naso-gastric tube placement, urinary catheterization, intravenous line, arterial catheterization, central venous line placement etc to secure the patient' s safety.

### 二、 Explanation by anesthesiologist

1. I have already evaluated the patient before the operation.
2. I have fully explained to the patient the anesthesia to be used and all information related to:  
anesthesia procedures anesthesia risks postanesthesia condition
3. I have allow patient sufficient time to read and to question about the anesthesia he/ she is to take, and have written below my response:  
(1)  
(2)

name of anesthesiologist \_\_\_\_\_ Time and date: \_\_\_\_\_

### 三、 Patient' s declaration

1. I understand to allow the surgery to proceed smoothly without undue pain and fear, I must accept the anesthesia given.
2. The anesthesiologist had already explained to me, and I understand the type of anesthesia and the risks involved.
3. I understand the content of the anesthesia exposition.
4. I have inquire and receive answers about the procedures during anesthesia.

In accordance to the above statement, I consent to the anesthesia given to me ◦

Signature : \_\_\_\_\_ Relationship to the patient \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number : \_\_\_\_\_

Time and date \_\_\_\_\_

Witness :

Signature:

Time and date

**Addendum** :Explanation regarding anesthesia

- 一、 Because of your condition, surgery is needed which entails anesthesia. Aside from making the operation as smooth as possible devoid of pain or fear, your vital signs can be maintained. For those accepting spinal anesthesia, general anesthesia or regional block, there is possibilities of complications as followed:
  1. There is increased risk of intraoperative or postanesthesia sudden acute heart attacks for those with latent or history of cardiovascular disease.
  2. There is increased risk of intraoperative or postanesthesia stroke for those with latent or history of cardiovascular disease.
  3. There is increased risks of vomiting and aspiration pneumonia during emergency surgery, after secretly taking food or in patients with increased intraabdominal pressure (like intestinal obstruction, pregnancy)
  4. Malignant hyperthermia may occur in certain patients. (At present, there is no diagnostic test to diagnosis this kind of latent heritable disease).
  5. There may be unusual allergic reactions to drugs or blood products
  6. Regional anesthesia may result in short term or long term nerve injury.
  7. Other unusual pathologic changes.
- 二、 If the person signing the consent form is not the patient, please indicate relationship with the patient.
- 三、 Do not sign if there is no witness.