



You have chosen IV sedation/general anesthesia for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous sedation are noted below for your review before you consent to its use:

- Discomfort, swelling, or bruising at the site where the drugs are placed into a vein.
- Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
- Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
- Intravenous sedation is a serious medical procedure and whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack, or death.

Your Obligations:

Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, you must be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents. You must have a completely empty stomach. ***It is vital that you have nothing to eat or drink for eight hours prior to your anesthetic.*** TO DO OTHERWISE MAY BE LIFE THREATENING. Note: If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office.

I have read & understand the information listed on the Consent for IV Sedation and realize that intravenous sedation/general anesthesia carries with it certain serious risks. I request that intravenous sedation be used for my surgery. All of my questions regarding this consent have been answered fully and to my satisfaction. I fully understand the risks involved. I do not request hospitalization for my anesthetic. I certify that I speak, read and write the English language or have a translator present.

X

Patient Signature and Date