This information is provided to help you understand the benefits and possible risks of being administered anesthesia. Please read the following thoroughly and feel free to ask questions and express any concerns you may have to the anesthesiologist before you sign this consent form.

**Forms of anesthesia:**
General anesthesia, spinal or epidural anesthesia, peripheral nerve block

**Benefits of anesthesia:**
Anesthesia is used to relieve you of the pain associated with examination or surgery. The anesthesiologist will monitor your major bodily functions during surgery, manage any pain you may have after surgery, and keep you as comfortable as possible before, during, and after surgery.

**Risks of anesthesia:**
1. All forms of anesthesia involve some risks, even death. The reported perioperative mortality rate correlates with a patient’s preoperative health conditions. The predicted perioperative mortality rate listed below is based on a five-category physical status classification system adopted by the American Society of Anesthesiologists.
   - Class 1: normal healthy patient (mortality rate 0.06-0.08%)
   - Class 2: mild systemic disease and no functional limitations (mortality rate 0.27-0.4%)
   - Class 3: moderate to severe systemic disease that results in some functional limitations (mortality rate 1.8-4.3%)
   - Class 4: severe systemic disease that is a constant threat to life and functionally incapacitating (mortality rate 7.8-23%)
   - Class 5: not expected to survive 24 hours with or without surgery (mortality rate 9.4-51%)

   **Based on your anesthesiologist’s evaluation, your physical status falls into Class __.**
2. There are risks of potential complications with virtually all forms of anesthesia:
   (1) Cardiovascular problems, such as angina, a previous heart attack, heart failure, hypertension, or valvular heart disease, increase your risk of myocardial infarction.
   (2) Cardiovascular problems and preexisting neurological abnormalities may increase your risk of stroke after surgery.
   (3) New onset of respiratory tract infection may worsen your lung condition after surgery.
   (4) Preexisting lung problems, such as asthma or chronic obstructive pulmonary diseases, may predispose you to a recurrent acute attack.
   (5) Other conditions such as liver disease, kidney problems, endocrine disorders, cancer, and alcohol or drug abuse also increase your risk. Some critical problems occurring during or after anesthesia may require you to stay in the intensive care unit after surgery.
   (6) Although rarely, malignant hyperthermia may occur in genetically susceptible patients after exposure to an anesthetic triggering agent.
   (7) During anesthesia, your airway must be kept open. This can result in injury to your teeth, dental work, tongue, lips, nose or throat. You may have a sore throat from keeping your airway open during surgery.
   (8) The chances of developing a sore throat, voice hoarseness, and tracheal narrowing may increase after long surgical procedures, such as microscopic surgery or a major operation.
   (9) You may sometimes have skin or nerve injury from the positioning required for surgery or the equipment used during surgery.
   (10) Although it rarely occurs, an incidence of 0.2% is reported for the occurrence of awareness during general anesthesia.
   (11) A short period of bleeding from the nose may be present after surgery if the endotracheal tube placed to protect the airway during general anesthesia is inserted through the nose.

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(12) You may have adverse reactions to drugs or blood products you receive during surgery. On rare occasions, these may be life-threatening.

(13) Please notify your anesthesiologist if you are infected with a transmissible disease, such as viral hepatitis, tuberculosis, and HIV.

(14) You may vomit the contents of your stomach during surgery. They may enter the lungs and cause breathing problems. This risk of vomiting will greatly increase in an emergency surgery or in a patient with increased abdominal pressure (intestinal obstruction, pregnancy).

(15) You may have a headache or backache after a spinal or epidural anesthesia. On rare occasions, transient neurological symptoms or even permanent nerve damage can occur.

(16) Although rare, transient neurological symptoms or even permanent nerve damage can also occur after peripheral nerve block.

(17) While waking up from anesthesia, some patients may feel a certain degree of pain or nausea, or vomit, shake or shiver. In very rare cases, life-threatening conditions (breathing difficulty, unstable blood pressure, unconscious) may ensue making it mandatory to refer you to the intensive care unit after surgery.

(18) Other adverse reactions rarely seen with anesthesia.

3. The procedures below are deemed necessary, by your anesthesiologist, for you to receive during or after anesthesia (surgery). These procedures are more-invasive measures, but they are needed to ensure your safety during and after surgery.

- Insertion of tracheal tube
  
  Associated risks:
  
  Injuries to oral lining, teeth, throat, or trachea: risk is less than 1%

- Insertion of arterial catheter
  
  Associated risks:
  1. Bleeding, hematoma, local infection: risk ranges from 1% to 8%
  2. Temporary occlusion to artery: risk ranges from 3% to 6%
  3. Other more serious complications: local abscess formation, sepsis, permanent occlusion to artery: risk is less than 0.5%

- Insertion of central venous catheter
  
  Associated risks:
  1. Pneumothorax: risk is less than 2%
  2. Venous thrombosis: risk ranges from 3% to 5%
  3. Other more serious complications: emboli, sepsis, permanent vessel injury, subcutaneous hematoma leading to compression of the airway: risk is less than 1%

Alternatives to anesthesia:
Currently, there is no alternative to the practice of anesthesia. The lack of anesthesia during surgery can lead to pain beyond tolerance, resulting in various deleterious physical changes.

Remarks on anesthesia and analgesia:

(1) Please strictly follow the instructions on how long you need to fast prior to surgery as well as how the medications, if any, should be adjusted.

(2) Alert your doctor of any adverse events associated with any prior administration of anesthesia or certain family illnesses. This knowledge will help your doctor make the anesthetic and surgical plans most suitable for you.

(3) Please consult with your anesthesiologist or specialized pain nurse for the choice of pain management after surgery.
ANESTHESIA CONSENT FORM

Read the following information thoroughly, and after the physician’s explanation, please sign this consent sheet if you agree.

Name:
Birthday: ___________ (Month) ___________ (Day) ___________ (Year)
Medical Record No.:
Anesthesiologist:

I. Type(s) of anesthesia to be given
(1) Surgical procedure(s) to be performed:

(2) Type(s) of anesthesia recommended:
   □ general anesthesia  □ spinal or epidural anesthesia  □ peripheral nerve block
   □ Conversion to general anesthesia: In the event that anesthesia from spinal or nerve blocks is not satisfactory for surgery, additional general anesthetics may be used.

II. Anesthesiologist’s verifies the following:
(1) I have completed a thorough preoperative anesthetic evaluation of my patient.
(2) I have well informed my patient of the anesthetic procedures and the associated risks to ensure that my patient has sufficient information to consent to the anesthesia service checked above.
(3) I have given patient and family ample opportunity to ask questions and to receive answers regarding the anesthetic plan.

Anesthesiologist’s signature __________________________
Date: ___________ Time: ___________

III. Patient’s acknowledgement
(1) I understand that anesthesia services are necessary for the surgical treatment.
(2) My anesthesiologist has explained the anesthetic procedures and their risks to me and I had ample time to ask questions and to consider my decision.
(3) I have also read the “PATIENT INFORMATION FOR CONSENT TO ANESTHESIA” form and understand the risks of the anesthetic procedures.

I hereby consent to the anesthetic procedures checked above.

Signature __________________________
Describe your relationship with the patient __________________________
Address _______________________________________________________
TEL __________________________
Date: ___________ Time: ___________

(1) In case that the patient, his/her relative, or interested party signs the consent form, there is no witness needed. (2) In case that the patient is conscious but unable to sign the consent form and no relative or interested party is present, the patient’s signature may be replaced by fingerprint and two witnesses are required. (3) In case that the patient is unconscious and no relative or interested party is present, the police, fireman, social worker, or volunteer may be the witness. If the patient is brought into the hospital under emergent condition and is proved by two qualified physicians, emergent treatment may be performed.

Witness 1: __________________________ Witness 2: __________________________
Date: ___________ Date: ___________
Time: ___________ Time: ___________
Before an operation can begin, the anesthesiologist performs a pre-operative evaluation to discover risk factors that must be taken into account. To assist the anesthesiologist in reviewing the risks and benefits of available anesthesia options, please complete this questionnaire accurately and completely. These responses will help the anesthesiologist provide the anesthetic that is best for you.

Yes (✓); No (x); Unknown (?) Where applicable, please specify the details in spaces following “:”

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>( ) 1.</td>
<td>Do you have: ( ) loose teeth? ( ) bridgework?</td>
<td>( ) 15. High blood pressure; current condition: ( ) being medicated regularly ( ) not being medicated regularly</td>
</tr>
<tr>
<td>( ) 2.</td>
<td>Have you recently had a cold or flu?</td>
<td>( ) 16. Diabetes; current condition: ( ) being medicated regularly ( ) not being medicated regularly</td>
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<td>( ) 3.</td>
<td>Smoking: ( ) cigarettes / day</td>
<td>( ) 17. A known heart condition:</td>
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<td>( ) 4.</td>
<td>Do you have severe snoring problems or sleep apnea?</td>
<td>( ) 18. Stroke, seizure, or other neurologic abnormalities:</td>
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<td>( ) 5.</td>
<td>Do you awaken with shortness of breath?</td>
<td>( ) 19. Asthma: ( ) being medicated regularly ( ) experiencing an attack recently</td>
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<td>( ) 6.</td>
<td>Do you subjectively feel that you have low exercise capacity or that you can’t catch your breath while climbing up stairs?</td>
<td>( ) 20. Do you have bronchitis?</td>
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<td>( ) 7.</td>
<td>Do you often experience chest pain or some episodes of irregular heartbeat?</td>
<td>( ) 21. Do you have tuberculosis?</td>
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<tr>
<td>( ) 8.</td>
<td>Have you experienced a fainting episode with no known cause?</td>
<td>( ) 22. Thyroid disease or other endocrine diseases:</td>
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<td>( ) 9.</td>
<td>Do you consume alcohol on a regular basis?</td>
<td>( ) 23. Hepatitis or other liver diseases:</td>
</tr>
<tr>
<td>( ) 10.</td>
<td>Have you recently been taking (herbal) medicines? Names of medicine:</td>
<td>( ) 24. Being put on dialysis, or having other kidney diseases:</td>
</tr>
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<td>( ) 11.</td>
<td>Do you have a history of allergic reaction after use of medication? Names of medicine:</td>
<td>( ) 25. Bleeding problems: ( ) taking blood thinners</td>
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<td>( ) 12.</td>
<td>Having had surgery requiring anesthesia:</td>
<td>( ) 26. Neuromuscular disease:</td>
</tr>
<tr>
<td>( ) 13.</td>
<td>Have you or any blood relatives had difficulties with anesthesia? Please specify:</td>
<td>( ) 27. Autoimmune disease:</td>
</tr>
<tr>
<td>( ) 14.</td>
<td>(Women) Are you pregnant?</td>
<td>( ) 28. Congenital disorder:</td>
</tr>
</tbody>
</table>

If you have any questions or concerns about the practice of anesthesia, please write them down in the space below:

( ) 29. Hereditary illness in the family:

I have read thoroughly the information regarding anesthesia and now understand the benefits and potential risks associated with it.

Patient Name: _______________ (Signature) Relative’s Name: _______________ (Signature)
Date: __________________________ Date: __________________________

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