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### CONSENT FOR ANAESTHESIA

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR OR TREATMENT CO-ORDINATOR "BEFORE" INITIALING.

You have the right to be informed about your diagnosis and planned treatment so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: \_\_\_\_\_

Your planned treatment is: \_\_\_\_\_

#### Types of Anaesthesia available:

>LOCAL ANAESTHESIA(Novocaine, Lidocaine, etc.)- A shot is given to block pain in the areas to be worked on.

>NITROUS OXIDE WITH LOCAL ANAESTHESIA- Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation.

>ORAL PREMEDICATION WITH LOCAL ANAESTHESIA- A pill(s) is/are taken for relaxation prior to giving local anaesthesia.

>INTRAVENOUS SEDATION WITH LOCAL ANAESTHESIA- This makes you less aware of the procedure by making you calmer, sleepy and less able to remember the procedure.

>INTRAVENOUS GENERAL ANAESTHESIA WITH LOCAL ANAESTHESIA- You will be completely asleep for the procedure.

Whichever technique you choose, giving any medication involves certain risks. These include:

1. Nausea and vomiting
2. An allergic or unexpected reaction. If an allergic reaction is severe, it might cause more serious breathing or heart problems which may need treatment.

In addition there may be:

1. Pain, swelling or infection of the vein where the anaesthesia or sedation was given
2. Injury to nerves or blood vessels in the vein area
3. Confusion or a long period of sleepiness after surgery
4. Heart or breathing responses which may lead to heart attack, stroke or death.

Fortunately, these complications and side effects are not common. All forms of anaesthesia are generally very safe, comfortable and easy to deal with.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO ASK.

DR. VICTOR SUN, 705-324-0050

INITIAL

\_\_\_\_\_ The anaesthetic I have chosen for my planned treatment is:

- \_\_\_\_\_ Local Anaesthesia
- \_\_\_\_\_ Nitrous Oxide with Local Anaesthesia
- \_\_\_\_\_ Oral Premedication with Local Anaesthesia
- \_\_\_\_\_ Intravenous Sedation with Local Anaesthesia
- \_\_\_\_\_ Intravenous General Anaesthesia with Local Anaesthesia

\_\_\_\_\_ ANAESTHETIC RISKS include pain, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be swelling(phlebitis) at the site where the needle goes into the arm that might cause discomfort for a long time and/or disability and might need special care. You might have nausea and vomiting from the Intravenous Sedation or General Anaesthesia, but this does not happen often. Intravenous Sedation and/or General Anaesthesia are serious medical procedures and although considered safe, do carry the rare risks of heart irregularities, heart attack, stroke, brain damage or even death.

YOUR OBLIGATIONS FOR INTRAVENOUS SEDATION OR GENERAL ANAESTHESIA

1. Because anaesthetic medications cause prolonged drowsiness, you **MUST BE** accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
2. During recovery time you should not drive, operate complicated machinery or devices or make any important decisions.
3. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT(8) HOURS PRIOR TO YOUR ANAESTHETIC.** To do otherwise may be life threatening!
4. However, it is important that you take any regular medications(high blood pressure, antibiotics, etc.) or any medications directed by us with only a small sip of water.

CONSENT

I understand that my dentist cannot promise that everything will be perfect. I certify that I speak, read and write English, that I fully understand this consent form for surgery, and that all blanks were filled in prior to initialing and signing this form. All my questions have been answered to my satisfaction and I am willing to undergo the proposed treatment with the anaesthesia I have chosen.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature Date

\_\_\_\_\_  
Dentist's Signature Date

\_\_\_\_\_  
Witness' Signature Date