INFORMED CONSENT ANESTHESIA

Patient _____ _____
(name, surname) (personal identification code or patient number [i])

_____ _____
(patient's mother/father, or other guardian name, surname) (personal identification code)

I certify, I have received an explanation from the doctor: _____
(anesthesiologist name, surname)

I am informed that anesthesia is required for me not to feel pain, and for the doctor to make a surgical procedure. Possible side effects and complications of the anesthesia were explained to me. Such as inflammation, bleeding, medication intolerance, vein thrombophlebitis, sensory disturbances, limb function disturbances, brain function disturbances, heart rhythm disturbances or death. The anesthesiologist will take all measures to prevent complications of anesthesiology.

Anesthesia, which may be used in my case:

General anesthesia	*Expected results:*	Complete loss consciousness and pain
	Technique:	Drugs injected into organism through vein or respiratory tract, possibly special tube insertion in the airways and artificial lung ventilation.
	Risks:	Mouth, throat, jaw soreness, hoarseness, dental and oral trauma. Moving teeth, implants and prosthesis damage. Bleeding, nausea, vomiting, aspiration, disturbance of sleep, allergic reaction.
Spinal epidural anesthesia	*Expected results:*	Transient loss of sensor-motor function in lower part of body
	Technique:	Medication in spinal or epidural space.
	Risks:	Headache, back pain, cramps, muscle weakness, residual pain, bleeding, body function disturbances.
Regional anesthesia	*Expected results:*	Loss of feeling and movement in a transient nerve area of the body.
	Technique:	Medication is injected next to nerve, during operation time there is no feeling in specific area.
	Risks:	Cramps, weakness, persistent numbness, loss of limb function with constant pain, bleeding.
Sedation	*Expected results:*	Relief of pain and anxiety. Partial loss of consciousness.
	Technique:	Medication injected by vein or respiratory tract.
	Risks:	Complete loss of consciousness, respiratory depression. Bleeding.

Planned anesthesia:_____

I understand, that the type of anesthesia depends on the anesthesiologist and state of my health. I am informed that there is a chance that the planned anesthesia may be partial/incomplete, then the other types of anesthesia or invasive monitoring (CVK, arterial catheter etc.); may be needed urinary catheter used.

I assure that I have read the documents content, the doctor explained to me the procedure and its risks. I had the opportunity to ask questions and get answers. I AGREE WITH THE ANESTHESIA.

I agree with transfusion of blood components, if necessary, during or /and after operation.

Patient/guardian signature: _____ _____
(name, surname, signature) (personal identification code)

Date _____ Time: _____.

[i] Patients who do not have a personal code