

Consent For I.V. Conscious Sedation

You have chosen I.V. Conscious Sedation for your surgery by John S. Gatewood M.D. This sedation will be a “light conscious sedation” where you maintain your protective reflexes however, you will be less aware of your environment and of any discomfort.

Risks

1. Nausea and vomiting.
2. Bruising or tenderness of the veins or vessels into which the medications are placed.
3. Depressed respirations.
4. Extremely remote possibility that complications may require transport to a hospital for treatment.

Alternatives

1. General anesthesia administered by an anesthesiologist in an ambulatory surgery center. This may involve additional cost, arrangements and lab work other than what has been required in the office setting.

Before Surgery

1. Nothing to eat or drink after midnight the night before surgery (at least 6 hours prior to surgery).
2. Report to Dr. Gatewood or his assistants any recent changes in health or any onset of symptoms of sickness, especially fever or respiratory illness such as colds or flue like symptoms.
3. Take prescribed medications with a sip of water unless previously instructed otherwise.
4. Wear loose, comfortable clothing.
5. Remove all jewelry and leave at home.
6. A responsible adult (18 years or older) must accompany you, be accessible to Dr. Gatewood during surgery and available to drive you home.
7. Failure to comply with these instructions may result in cancellation of surgery.

After Surgery

1. Arrange for a responsible adult (18 years or older) to drive you home and stay with you for at least six hours after surgery.
2. Call Dr. Gatewood (1-888-702-2229) if you have any questions or concerns.

I hereby consent to and authorize that sedation be administered by (Saundra Ames CRNA, Annette Polit CRNA, Kristen Nesser, CRNA, Allison Lerario, CRNA, Donna Ellis, CRNA or William Harvey CRNA) all of whom are credentialed to provide anesthesia services at this facility.

I certify and acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the anesthesia service and that all of my questions have been answered fully to my satisfaction.

Signature of Patient

Printed Name of Patient

Signature of Witness

Printed Name of Witness

Date

Time

Date of Surgery