

CONSENT FOR SEDATION

Our aim is to make your procedure as comfortable as possible. To help us achieve this goal, intravenous (in the vein) or intramuscular (in the muscle) sedation is often used. Medicines are given intravenously through a vein in your arm or hand and monitoring devices are continually used to watch your blood pressure, heart rhythm and breathing. Our office is equipped with the latest in safety features and our staff is trained in the use of these sedative medications.

Although common and quite safe, any sedation carries some degree of risk and it is important for you to be aware of these risks prior to consenting to the procedure.

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. Roham or his assistants any recent changes in health or any onset of symptoms of sickness, especially fever or respiratory illness such as colds or flu like symptoms.
3. Take prescribed medications with a sip of water unless previously instructed other wise.
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. Roham during surgery and available to drive you home.
7. Failure to comply with these instructions may result in cancellation of surgery.

After Surgery

- ** 1. You will not be able or allowed to drive yourself home.** Arrange for a responsible adult to drive you home and stay with you for at least six hours after surgery.
2. Call Dr. Roham (1-949-248-1900) if you have any questions or concerns.

I hereby consent to authorize that sedation be administered by Dr. Roham, or a Nurse Anesthetist 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.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____