



SYNCERUS

INNOVATION FOCUSED ANAESTHESIOLOGISTS
patient centred care

CONSENT FOR ANAESTHESIA

Please take a moment to consider your informed consent to anaesthesia / sedation. Consent is an agreement of understanding between doctor and patient. Your anaesthetic will be delivered by a specialist anaesthesiologist whose priorities are to keep you safe, comfortable and as free from pain as possible. However, you need to be aware that there are risks associated with every type of anaesthetic. Please read the following and discuss any concerns or questions that you have with your anaesthesiologist. For additional information, please refer to our website www.synceruscare.co.za The following contains information of which you need to be aware for your specific anaesthetic:

General Anaesthesia involves administration of medicines to induce a controlled loss of consciousness.

Potential complications include:

- Airway (e.g. injury to lips, tongue, teeth, vocal cords)
- Lungs and chest (e.g. infections and lung injuries, aspiration)
- Heart / circulation (e.g. heart attacks, strokes, clots, bleeding, death)
- Brain and nervous system (e.g. seizures, grogginess)
- Gastro-intestinal (e.g. nausea, vomiting, constipation, hepatitis)
- Kidneys and bladder (e.g. kidney failure, urinary retention)
- Skin (e.g. rash, pressure sores)
- Eyes (e.g. blurred vision, visual loss)
- Ears (e.g. injury)
- Nose (e.g. bleeding, nasal stuffiness)
- Allergic reactions

Spinal / Epidural anaesthesia involves injection of local anaesthetic and other medications close to the spinal cord, sometimes with the placement of a small plastic tube to allow ongoing administration of these medications.

Potential complications include:

- Injury to nerves and spinal cord
- Infections
- Low blood pressure
- Serious brain, nerve, heart and circulation problems including death if too much local anaesthetic enters your bloodstream
- Urinary retention
- Acute glaucoma
- An inadequate or failed anaesthetic
- Headache

Regional anaesthesia involves the injection of local anaesthetic close to nerves going to a specific part of the body to produce numbness in that area. Potential complications include:

- An inadequate or failed anaesthetic
- Injury to nerves
- Infections
- Serious brain, nerve, heart and circulation problems including death if too much local anaesthetic enters your bloodstream
- Numbness of face
- Visual disturbance
- Shortness of breath
- Injury to extremity while it has no sensation

Procedural Sedation & Analgesia (PSA) involves the administration of sedative and / or pain medications to reduce the level of consciousness just sufficiently to allow surgical procedures to be possible while keeping the patient comfortable. Potential complications include:

- Unintended loss of consciousness
- Drowsiness / dizziness
- Shivering
- Headaches
- Post sedation nausea & vomiting

To be completed by Anaesthesiologist

I, Dr _____ confirm that I have explained the following to (*patient or guardian*)

_____ for the procedure (*enter procedure*)

_____ to be performed upon (*patient*)

The patient's health status and condition _____

- The range of anaesthetic options generally available to the patient
- The benefits, risk, costs and consequences generally associated with each option
- The patient's right to refuse anaesthetic services and the implication, risks and obligations of such refusal
- The nature of the proposed anaesthetic plan, namely (*enter type of anaesthetic*)
- The possible need for transfusion of blood or blood products before, during or after the procedure and the risks associated with receiving blood products
- The request for consent to test for HIV / Hepatitis in the unlikely even of a health care professional being exposed to the patient's blood through needlestick injury, laceration or eye splash
- This practice keeps digital records with appropriate data security measures.
- Need to avoid driving & other dangerous activities for at least 24 hour after anaesthesia / sedation
- Wherever practical, a cost estimate has been presented to the guarantor.

Signature: _____ Date: _____



To be completed by the Patient / Guardian

I, the undersigned, hereby confirm that:

- I am the patient or am the guardian of the patient
 - My anaesthesiologist has, in person, fully explained to me the issues listed and ticked above
 - I confirm that I have understood everything that has been explained to me. I have also received answers to all my questions and been informed that, if I want more information, I should ask my anaesthesiologist.
 - I agree to the administration of type of anaesthetic that has been explained to me, as indicated above.
 - I understand that problems and complications may occur, even when the best care, judgement and skills are used and that nobody can guarantee an incident-free anaesthetic.
 - I understand that I may withdraw consent or refuse treatment at any time.
 - I understand that the theatre staff and equipment are supplied by the hospital. Anaesthetic equipment is checked on a daily basis.
 - I agree not to drink alcohol, drive a car, utilise social media, be responsible as a sole care provider for young children, operate any dangerous equipment, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.
 - I agree to my medical records being kept and transferred in digital format. I understand that my personal information is stored in a secure location and is accessible to third parties only with signed confidentiality clauses as part of their employment agreements/ contracts.
 - I agree to allow my personal information collected in terms of this consent to be utilised for healthcare of the patient, billing and collection of debt as well as processing of queries, complaints or compliments and may be forwarded to the relevant health care professionals or organisations as required by law.
 - I consent to the sharing of information on my account information with my medical funder, with other credit grantors and with the credit bureau.
 - I agree to allow my personal and clinical information to be shared with other persons or institutions (e.g.: medical scheme) if this is necessary to serve a legitimate purpose within the ordinary course and scope of my anaesthesiologist's duties, provided such disclosure is in my/ the patient's interests.
 - I understand that I remain ultimately responsible for settlement of the account for anaesthetic services rendered and have received a cost estimate for these services.
 - Should my account be handed over for collection, interest will be charged at 2% per month on all outstanding amounts. All costs incurred to collect the arrears will be for my account on attorney and client scale.
 - I authorise the release of any clinical information, including my/the patient's HIV status to any other member of the medical/ paramedical profession responsible for my safety and treatment
 - I agree to allow anonymous data of a clinical and practice management nature to be collected and used in published or unpublished research.
 - I agree to the processing of my health and personal information in order to provide me with proper treatment, care and/ or for the administration of the institution or professional practice concerned. This consent would extend to responsible parties acting as service providers to the institution or professional practice concerned.
 - I consent to sharing patient, guardian and guarantor information with the South African Society of Anaesthesiologists CEO and its Private Practice Business and Regulation Business units in the event of a complaint (which information will be kept confidential within the SASA CEO, Private Practice and Regulation Business Units).
 - In the event of any claim, complaint or grievance, I shall prior to taking any legal action, promptly initiate a free and confidential pre-mediation meeting with an accredited mediator appointed by South African Society of Anaesthesiologists (SASA).
 - I consent to communication with my family/ nominated others with respect to my medical care and medical account
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- I agree to the administration of blood products, should this be deemed necessary by my doctor Y N
 - I give consent for my / the patient's blood to be tested for HIV and hepatitis in the unlikely event that a health care professional is accidentally exposed through needlestick injury, laceration or splash accident. Y N
 - Further, I confirm that should this test be necessary, that I would like to receive the results after appropriate counselling. Y N
 - I confirm that I have received a cost estimate for anaesthetic services rendered for this procedure. I understand that this is an estimate only and the final account may vary depending on actual theatre time and necessary procedures. I acknowledge that I remain personally responsible for full settlement of the account for anaesthetic. I understand that the anaesthetic account is completely independent from the accounts rendered by the hospital and surgeon. Y N

Full name of patient: _____

Full name of Guardian (If applicable): _____

Email address (please print clearly): _____

Signature: _____ Date: _____

Witness: _____

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