



**Mission Valley  
Oral & Maxillofacial Surgery, Inc.**

**Fred W. Hammond, D.D.S.  
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2878 Camino del Rio South • Suite 210  
San Diego, CA 92108  
619/ 298-2200 • Fax: 619/ 298-2250

**CONSENT FOR THE USE OF ANESTHESIA**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

You will always be given local anesthesia for your surgery, but you may choose any of those listed below as a supplement. Each choice requires different preparation on your part and for your safety it is important that you read and follow the instructions carefully. If you are unclear about anything, please ask your doctor.

For all surgery, please wear comfortable, loose-fitting clothing. Tops/shirts should have short sleeves or sleeves that are easily drawn up above the elbow. Females should remove nail polish from the index fingers before surgery, and apply as little makeup as possible.

LOCAL ANESTHESIA is administered by injection. It is the same that you might receive for dental fillings and will create a numb feeling in the area being operated on. You will be awake and recall the surgery. Often, this type of anesthesia may be inadequate to provide you with complete comfort during oral surgery procedures. Your surgeon can discuss this with you.

1. Have a light meal a few hours prior to surgery unless you are also having IV anesthesia. In that case, have no food or water for 8 hours prior to surgery.
2. For more extensive procedures you may wish to have someone drive you home.
3. Plan to rest for a few hours after surgery.

NITROUS OXIDE is also known as "laughing gas." It is administered through a nasal mask. You will be relaxed and somewhat less aware of your surroundings but will recall the entire surgical event. Nitrous oxide is used in conjunction with local anesthesia, but also may be used to supplement IV anesthesia.

1. You may have a light meal four (4) hours prior to surgery **UNLESS YOU ARE ALSO HAVING INTRAVENOUS ANESTHESIA.**
2. It is best to have someone drive you home.
3. Plan to rest for the remainder of the day.





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## CONSENT FOR THE USE OF ANESTHESIA CONT.

INTRAVENOUS (CONSCIOUS OR DEEP) SEDATION: This is a medically controlled state of depressed consciousness. Medications are given through a vein in your arm or hand, which will cause total relaxation and you will be essentially unaware of the surgical procedure or pain. Your ability to breath independently may be reduced at times. Usually, there is amnesia associated with this technique and you will have little, if any, memory of the surgical procedure. When using intravenous sedation, your doctor may also include nitrous oxide and/or local anesthesia. Recovery is usually rapid and most patients are ready to leave the office within 15 to 30 minutes of completing the procedure. This is a common and safe form of IV anesthesia provided in an outpatient setting. In most instances, your surgeon will regulate the necessary IV medications. In certain cases, he may feel that your anesthesia should be provided by another individual such as another surgeon, nurse anesthetist or anesthesiologist. This may be done in cases where the surgery is prolonged and or complex. Your surgeon will discuss this with you if necessary.

INTRAVENOUS GENERAL ANESTHESIA: This is a medically controlled state of unconsciousness. Medications are given through a vein, which will cause partial or complete loss of protective reflexes and an inability to maintain an independent airway. When using general anesthesia, your doctor may also include nitrous oxide, another anesthetic gas and/or local anesthesia. Recovery is usually slower than with conscious sedation and most patients require 30 to 60 minutes after completing the procedure before leaving the office. This technique will often require the presence of a nurse anesthetist or anesthesiologist. Often, intubation of the airway is necessary with this technique. This form of intravenous anesthesia is sometimes used in this office for extended or complex procedures, however, normally, this form of anesthesia is not necessary to provide comfort and a painless experience for most outpatient surgery performed in this office. Additional expenses will be incurred for the services of the anesthesiologist when this technique is used.

### REQUIREMENTS FOR INTRAVENOUS SEDATION OR GENERAL ANESTHESIA

1. YOU SHOULD NOT HAVE ANYTHING TO EAT OR DRINK (INCLUDING WATER) FOR EIGHT (8) HOURS PRIOR TO SURGERY. FAILURE TO DO SO MAY BE LIFE THREATENING. However, it is important that you take any regular





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## CONSENT FOR THE USE OF ANESTHESIA CONT.

medications (high blood pressure, antibiotics, etc.) or prescriptions that we have provided, using only a small sip of water if these medications are necessary during the 8 hours before surgery.

- \_\_\_ 2. For morning appointments, skip breakfast and all fluids.
- \_\_\_ 3. For afternoon appointments, eat a light breakfast eight (8) hours before your appointment, then skip lunch and all fluids.
- \_\_\_ 4. Take any prescribed medications with only enough water to get the pill down.
- \_\_\_ 5. You must have someone drive you home from your surgery appointment.  
Your driver should wait in the office unless other arrangements were made with our staff.
- \_\_\_ 6. Plan to rest the remainder of the first day after your surgery. You are likely to be unsteady and have balance problems today. Do not shower/bathe today. Do not attempt to operate vehicles, power tools, machinery the day of surgery. Do not sign legal documents or make important decisions. It's important that a responsible adult is with you the first day to assist in your post-operative care.
- \_\_\_ 7. ANESTHETIC RISKS include: discomfort, swelling, bruising, infection, and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of uncomfortable side effects and in rare cases the risk of heart irregularities, heart attack, stroke, brain damage or death.
- \_\_\_ 8. I consent to the administration of anesthesia I have chosen, which is:
  - Local anesthesia
  - Nitrous oxide/oxygen analgesia
  - Intravenous (IV) Sedation
  - Intravenous (IV) General Anesthesia





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**CONSENT FOR THE USE OF ANESTHESIA CONT.**

*Our goal is to provide you with a safe and effective anesthetic. In order to do this, it is imperative that we have your full cooperation. Please feel free to ask or call about any questions concerning your surgery or anesthetic prior to your surgery date.*

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

\_\_\_\_\_  
Translator's Signature Date

\_\_\_\_\_  
Doctor's Signature Date

\_\_\_\_\_  
Anesthetist's Signature Date

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

I have been advised that my anesthesia will not be performed by Dr. \_\_\_\_\_,  
but by Dr. \_\_\_\_\_ and I give my consent for this change in providers.

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

