

Ambulatory Surgery Center of Niagara

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Patients Label

The anesthesia department at the Ambulatory Surgery Center of Niagara includes anesthesiologists and certified registered nurse anesthetists, who provide care under the medical direction of an anesthesiologist. A list of department members is available upon request.

1. A group of anesthesiologists, Great Lakes Anesthesiology, will provide your anesthesia care. Certified nurse anesthetists may also take part in your care under the medical supervision of an anesthesiologist.
2. Types of anesthesia currently provided here include general anesthesia and monitored anesthesia care. Occasionally it may be necessary to change from one type of anesthesia to another during your procedure or operation.
3. Anesthesia care includes the use of monitors to assess and follow your well-being. Common monitors include a blood pressure cuff, ECG, and devices for monitoring blood oxygen, exhaled carbon dioxide and body temperature. An intravenous line will be inserted to give drugs and fluids. Not every monitor is used during every procedure or operation. Other monitors may be used.
4. Risks associated with anesthesia include but are not limited to the following: Nausea/vomiting, sore throat, pain and discomfort, recall or awareness, hoarseness, back pain, headache, dental damage, jaw joint (TMJ) tenderness including soreness, pain or locking (temporary or permanent), cardiovascular changes (blood pressure changes, heart rhythm problems, etc.), allergies or adverse drug reactions, respiratory problems (aspiration, pneumonia, collapsed lung, etc.), bleeding, hematoma, infection, heart attack, stroke, death.

I have reviewed the above information and by signing this informed consent, I acknowledge that any questions I have had have been answered by the anesthesiologist. I understand the contents of this informed consent and consent to the administration of anesthesia. If I have a Do Not Resuscitate Order (DNR), I understand that the DNR will not be honored at this facility.

Patient/Legal Guardian: _____

Date/Time: _____

Witness: _____

Date/Time: _____

I have made no guarantees about the ultimate outcomes of anesthesia. I have discussed the alternatives, the material risks and benefits of anesthesia. I have answered all questions to the patient's/family's satisfaction.

Anesthesiologist: _____

Date/Time: _____