

CONSENT FOR ANAESTHETIC SERVICES
DR AYESHA NOOR MOHAMED
SPECIALIST ANAESTHESIOLOGIST
PRACTICE NUMBER:

I, _____, hereby acknowledge the following:

- The surgical/diagnostic/interventional procedure has been explained to me, including the risks associated with the procedure and the expected outcome should I wish to decline the procedure.
- I understand that I require some form of anaesthesia to undergo this procedure.
- I understand that anaesthesia carries an inherent risk. I agree that the risks of my specific anaesthetic have been described to me in an understandable manner.
- I accept the risks of anaesthesia, as described below and in the information leaflets provided by Dr Noor Mohamed. I understand that while the anaesthesiologist will do their best to prevent complications from anaesthesia, it cannot be guaranteed that complications will not occur.

Complications related to general anaesthesia and sedation		
Common risks (1 in 10 people)	Uncommon risks (1 in 1000 people)	Rare risks that may result in death or disability (1 in 10 000 – 1 in 100 000 people)
Nausea; vomiting; itching; shivering; headache; bruising at injection site; sore throat; dry lips; minor damage to teeth, dental work tongue and lips; dizziness; mild allergic reaction to medication; problems passing urine.	Allergic reaction requiring treatment; breathing problems; muscle aches and pains; temporary nerve damage; awareness; damage to vocal cords and voice box; damage to eyes; mild prolonged paralysis requiring breathing support until relaxing agent wears off; blood clot in legs.	Serious allergic reaction causing shock; very high body temperature requiring emergency treatment; heart attack or stroke; permanent nerve damage; brain damage, vision loss; seizures; pulmonary embolism; equipment failure causing significant harm; death (very rare)

Complications related to spinal and epidural anaesthesia		
Common risks (1 in 10 people)	Uncommon risks (1 in 1000 people)	Rare risks that may result in death or disability (1 in 10 000 – 1 in 100 000)
Failure of anaesthetic; nausea; vomiting; itching, shivering; low blood pressure; dizziness, pain during injection; headache; back pain; pain or bruising at injection sites; prolonged numbness or tingling	Severe headache; temporary nerve damage; allergic reaction to treatment requiring further treatment; worsening of existing medical problems.	Permanent nerve damage; paralysis, severe breathing difficulty due to high spinal block; infection around injection site; epidural abscess; blood clot or damage around spinal cord; serious allergic reaction causing shock; equipment failure e.g. breakage of needles requiring surgical removal; local anaesthetic toxicity; seizures, heart attack or stroke; death (very rare)

- I understand which form of anaesthesia will be used for the procedure. All viable anaesthetic options have been presented to me and the decision has been made between myself and the anaesthesiologist as to which form of anaesthesia is most appropriate for my procedure, taking into account my risk factors and the type of procedure I am undergoing.
- I understand that should the agreed-upon form of anaesthesia fail, it may be necessary to perform an alternative form of anaesthesia.
- I understand that certain factors will increase my anaesthetic risk, e.g. morbid obesity, smoking, uncontrolled hypertension, etc.
- I have read and understood the information leaflets that have been provided to me prior to elective surgery. These leaflets can also be found on Dr Ayesha Noor Mohamed's website.
- I understand that I will be medico-legally incapacitated for 24 hours following anaesthesia and therefore may not drive, operate heavy equipment or sign legal documents.
- I agree that I have been given an opportunity to ask questions and address any concerns I may have pertaining to my procedure.
- I understand that the anaesthesiologist will charge separately from the hospital and surgeon, payment is due upon completion of the procedure, and a guarantor has been nominated to be responsible for any outstanding payments that are not covered by my medical aid scheme.
- I consent for my personal information to be collected and stored in accordance with the POPI act.
- I have read and understood this document, or it has been read to me by another person. I acknowledge the inherent risks associated with anaesthesia and understand the expected outcome of my specific anaesthetic.

Patient name: _____

Guardian name: _____

Patient signature: _____

Guardian signature: _____

Signed at: _____

Date: _____