



Your dentist/physician has asked us to help by providing anesthesia for your upcoming procedure. Our group specializes in the delivery of anesthesia, which allows the required dental/office treatment to be achieved conveniently and safely with maximum patient comfort. We are pleased to be able to offer this service and wish to introduce ourselves and provide you with a brief explanation of the anesthetic techniques that we use.

Tyler Sedation is a division of **East Texas Anesthesiology Associates (ETAA)**. We are a multi specialty anesthesiology group with **board certified physicians** specializing in virtually all areas of Anesthesiology, including cardiovascular, pediatric and neuroanesthesia. We have over 13 years of experience performing anesthesia as an organized group in operating rooms in Tyler TX. By using very similar anesthetics and sophisticated state-of-the-art monitoring in your physician/dentist office we make it possible for children and adults alike to have even the most extensive procedures performed in total comfort.

Safety is the top priority in our practice.

Safety Concerns for I.V. Sedation in the Office Setting

Prior to the day of surgery, we will spend time talking to you and your dentist/physician to make sure that the office setting will be a safe and appropriate place to provide I.V. sedation for you. If we think that you have a pre-existing illness that would jeopardize your safety under I.V. sedation in the office, we will recommend the hospital setting as an alternative.

We will contact you directly before the scheduled dental procedure at the phone number(s) you have provided to our office. The purpose of this call is to obtain a brief medical history, provide pre-procedure eating and drinking instructions, to discuss the details of the anesthetic management, and to answer any other questions you may have regarding the anesthetic technique.

At the time of your scheduled appointment, we will meet you in dental office and address any last minute concerns. We will perform a targeted physical examination after which we will start an intra-venous (IV) line. This is the only needle stick or pain that you will feel. Once the IV is in place, we will begin administering medications to sedate you. At the end of the procedure, we will stop administering IV medications.

Given the medications we use, we expect the incidence of nausea to be quite low

(1% or so) and the other side effects mentioned will be very mild and transient in nature if they occur at all.

After the treatment is concluded, patients tend to emerge rapidly from anesthesia, feeling pain free, a little sleepy, but comfortably rested. Most often patients can safely leave the office immediately after the procedure is completed. It is common to sleep part of the day, eat a light meal and be fresh and completely recuperated by the next morning. We ask that you refrain from driving or making important decisions for the rest the day. You will get detailed instructions about what to expect after the procedure both from the dentist, the staff, and from us. Please read the instructions provided for you below to give you an idea of what to do before the treatment and what to expect afterwards.

What follows is a patient information/consent form as well as pre and post operative patient information sheets. Please feel free to read them over ahead of time to limit delays on the morning of your procedure.

Thank you for allowing us to be a part of your care



East Texas Anesthesiology Associates
903-533-8084
E-mail: info@TylerSedation.com

PATIENT'S COPY

INFORMED CONSENT AND RECORDS RELEASE FOR ANESTHESIA

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients apprehensive but to enable them to be better informed concerning their treatment. The choices for anesthesia are: local anesthesia alone or local with intravenous or oral sedation. These are administered depending upon each individual patient's unique requirements and requests.

The side effect seen most frequently of any intravenous infusion is phlebitis which occurs only 2-4 percent of the time. Phlebitis is a raised, tender, hardened, inflammatory response at the site of the injection which can have onset from 24-48 hours up to two weeks after the procedure. The inflammation usually resolves with local application of warm (100^o F) moist heat, yet tenderness and a hard lump may be present up to a year.

I hereby authorize and request **East Texas Anesthesiology Associates PA (ETAA)** to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic by any method that is deemed suitable by ETAA. It is the understanding of the undersigned that ETAA is an independent contractor and consultant and will have full charge of the administration and maintenance of the anesthesia, which is an independent function of the surgery/dentistry. I also understand that ETAA has no responsibility for the dentistry to be performed or the diagnosis or treatment planning involved in the dentistry.

I have been informed and understand that occasionally there are complications of the local anesthesia and medications, including but not limited to: pain, hematoma, temporary or permanent numbness of the face, teeth, tongue, lip or gums, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, stroke, and heart attack. I further understand and accept the risk that very rare complications may require hospitalization that could result in death. I have been made aware that the risks associated with local anesthesia and conscious sedation. However, it must be noted that local anesthesia alone may not be appropriate for every patient and every procedure and that local and sedation may be safer than local alone.

I understand that anesthetics, medication, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing ETAA of any possibility of pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For similar reasons I understand that I must inform ETAA if I am a nursing mother.

Because medication, drugs, anesthetics, and prescriptions may cause drowsiness and incoordination which can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous device for at least twelve (12) hours or longer until fully recovered from the effects of the anesthetic, medications, and drugs that may have been given to me for my care. I have been advised not to make any major or important decisions until after full recovery from the anesthesia. I understand that those with a history of chemical or alcohol dependency have a possible risk of relapse after anesthesia and should take appropriate precautions and support options.

I have been fully advised of and accept the possible risks and dangers of anesthesia. I acknowledge the receipt of, understand and agree to follow both pre and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my anesthesia and I am satisfied with the information provided to me. **I also request that my physicians release to ETAA any information he desires regarding my diagnosis, treatment, prognosis and recommendations as well as other data pertinent to my surgery and anesthetic management.**

I have received a copy of instructions and this consent. SIGNED COPY KEPT BY ETAA

East Texas Anesthesiology Associates 903-533-8084 e-mail: info@TylerSedation.com

PATIENT'S COPY

These instructions supersede any instructions given by your dentist.

INSTRUCTIONS PRIOR TO ANESTHESIA

For your safety, all of these instructions must be strictly adhered to before commencing with the anesthesia. Neglecting any of the following may compel the doctor to cancel the start of treatment and a cancellation charge may be incurred.

- Eating and Drinking** Do not eat **anything** for six (6) hours before your scheduled appointment. Patients for morning treatment shall have no food or liquid after midnight. Those for afternoon treatment shall have only **clear** liquids like apple-juice or water, no later than two (2) hours before treatment time.
- Medications** Medications normally taken should be taken unless otherwise agreed upon by this office, and may be taken only with a sip of water. Antibiotic pre-medications should always be taken when prescribed and at least one hour before arriving. Inform ETAA of any change in your medications.
- Clothing** Wear short sleeves, flat shoes and warm comfortable pants. Contact lenses may be worn to the office. Leave all valuables at home.
- Transportation** A responsible adult must drive you, to your procedure and plan to either stay or return in time to drive you home at the end of the procedure. You should have both primary and alternate ride information available.
- Change in Health** A change in your health, especially the development of a cold or fever, is very important. For your safety, you may be reappointed for another day. Inform your anesthesiologist of any change in health prior to your appointment.
- NOTE!:** The use of "STREET DRUGS" (MARIJUANA, COCAINE, HEROIN, etc.) is strictly forbidden for several weeks prior to the administration of any anesthetic and until full recovery is achieved. The reason for these restrictions is your safety. The literature has reported that the mixture of "Street Drugs" and anesthetic agents has resulted in very serious complications including death.

PATIENT'S COPY

INSTRUCTIONS FOLLOWING ANESTHESIA

After returning home, the patient should rest for the first day and be carefully watched.

Getting Home

The patient must be accompanied by a responsible adult and arrangements must be made to contact a responsible adult at the time of discharge. Do not plan to drive a vehicle or operate potentially dangerous equipment for twenty-four (24) hours after your treatment. You will not be allowed to leave alone by bus or taxi.

Home

A responsible adult must be with the patient until the next day.

Pain

Muscle aches and a sore throat may occur similar to the flu. This is nothing to be alarmed about. It is very common after general anesthesia and will normally disappear in 24 to 36 hours. It is far less common with local and sedation. Post operative pain medication must come from your dentist/surgeon.

Eating and Drinking

When you get home your diet restrictions are only dictated by your surgeon/dentist and by how you feel. You should be able to eat and drink like normal with few if any restrictions. **No alcoholic beverages for 24 hours as they may seriously interact with sedation medications given to you earlier in the day .** (Pain medication and/or antibiotics on an empty stomach is the main cause of nausea)

Intravenous Site

A very small percentage of all patients experience post-operative tenderness and/or redness in their hand or arm which is a chemical phlebitis associated with intravenous infusion. If this occurs please call **our office at (903) 533-8084 and ask for the anesthesiologists on call for Sedation.** If phlebitis does occur the patient should take an anti-inflammatory agent like ibuprofen if not allergic.

Seek Advice

If vomiting occurs (1 in 300 patients) and persists beyond four hours.
If the temperature remains elevated beyond 24 hours.
If any other matter causes concern.

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