



## EMPLOYEES STATE INSURANCE CORPORATION

MEDICAL COLLEGE AND HOSPITAL, SEDAM ROAD,  
GULBARGA, KARNATAKA.

### INFORMED CONSENT AND AUTHORIZATION FOR ANAESTHESIA.

I, [Redacted Name], ಬಿಲ್ವಾ ಎಂ.ಎಲ್., (Brother)

for [Redacted Name], ನೀಲಮ್ ಎಂ.ಎಲ್. as Parent, /Guardian/  
Representative acting on his/her or my behalf, am seeking to receive anaesthesia  
during his/her or my pending procedure/operation/treatment. I want to have  
anaesthesia in order to lessen the pain I would otherwise experience.

1. I understand that regardless of the type of anaesthesia used there may be some unforeseen risks and consequences which may occur. The following are some but not all of the common foreseeable risks and consequences which I have been told can occur: sore throat and hoarseness, nausea and vomiting, muscle soreness. Further, I understand instrumentation in the mouth to maintain an open airway during anaesthesia might unavoidably result in dental damage including fracture or loss of teeth, bridgework, dentures, crowns and fillings, laceration of the gums or lips.
2. I understand that medications that I am taking may cause complications with anaesthesia or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications Allopathic / Homoeopathic / Ayurvedic / Unani.
3. I understand the more serious risks and consequences of anaesthesia include but are not limited to changes in blood pressure, allergic/drug reaction, awareness of the surgery, injury to my baby if pregnant, excessive bleeding, cardiac arrest, brain damage, embolism, paralysis or death.
4. I acknowledge that Dr. has told me that in his/her medical judgment the type(s) of anaesthesia I could receive is/are General Anaesthesia / Spinal / Epidural Anaesthesia / MAC (Monitored Anaesthesia Care) / Sedation / Regional anaesthetic block. I have listened to the doctor's explanation of the type(s) of anaesthesia I may receive, its benefits and common foreseeable risks and