

Day care consent form.

I,
agree to undergo an operation or examination in day care & give the anaesthetist my consent for a general or local regional anaesthesia or a sedation to be carried out.

I have received the necessary information & agree to strictly follow the pre & post operative guidelines.

I have conscientiously completed the preoperative questionnaire.

I will adhere to the following recommendations & have been informed of the health risks if these guidelines are not followed.

- 1) I will fast from midnight the night before my operation (his includes solids and all fluids.) Smoking is strongly discouraged 24 hours before the operation.
- 2) I will arrive on time. Your precise arrival time will be confirmed by the admissions' officer.
- 3) I will not take any other medication 24 hours before the operation unless specifically advised by the anaesthetist.
- 4) I may not operate any machinery, drive a vehicle or consume alcohol until 6:00 am the day after the operation.
- 5) I will not sign any important or legal documents or make important decisions during the first 24 hours after my anaesthetic.
- 6) I am aware that these guidelines are irrespective of the type of anaesthesia that I will receive.
- 7) I will be accompanied on the journey back home and I will not stay alone the first postoperative night. I will be picked up from the day care centre before 19.00 h on the day of the operation.
- 8) I will agree to abide by the advice of my doctor(s) to be admitted if my medical state after planned day case surgery does not meet the necessary requirements for discharge from hospital.

Signed:

Date: