

Consent Form-Local anaesthesia for your eye operation

Trend Name: MINTSKIN

Your Detail 个人信息

Preferred name: *First Name: *Surname:
Gender: Date of Birth: Phone:
Email:

Emergency Contact 紧急联系人

Name: Phone:

What is local anaesthesia for your eye operation and how will it help me/the patient? 您的眼部操作使用的局部麻醉是什么? 它对我/患者有何帮助?

Local anaesthesia is medicine that stops you feeling pain when having eye operation and will give you pain relief for several hours afterwards. 局部麻醉是一种药物, 可以让您在进行眼部操作时不再感到疼痛, 并在术后数小时内缓解疼痛。

Local anaesthetic is usually given as eye drops to numb the surface of the eye. You will be awake and aware of what is happening. 局部麻醉剂通常以滴眼剂的形式给予, 以使眼睛表面麻木。你会清醒并意识到正在发生的事情。



You may have trouble imagining having an eye operation under local anaesthesia but it is the most common way and has fewer risks and side effects than a general anaesthetic, especially if you are elderly. 您可能很难想象在局部麻醉下进行眼部操作, 但这是最常见的方法, 并且比全身麻醉的风险和副作用更少, 特别是如果您是老年人。

***I, the undersigned, hereby consent to the administration of eye numb drops as part of my eye Thermage training or procedure at [MINTSKIN]. I understand and acknowledge the following:**

本人特此同意在[MINTSKIN]进行的眼部热玛吉治疗的一部分，接受眼麻醉眼药水的使用。我了解并承认以下事项：

During the procedure:

Rapid Onset of Anesthesia, 1-2 drops before the procedure, with an option for an additional drop if necessary. The eye numb drops will be administered by a qualified healthcare professional. 短时间麻醉，操作前1-2滴，必要时可以追加一滴。眼部麻药滴液将由资质专业人士操作。

There may be stinging, pressure or pain which will last for less than a minute. Your eye will then be kept closed to prevent anything touching or damaging the eye. To help the anaesthetic spread, staff may massage your eye, apply pressure or place a small weight on the eye. Your therapist will check to make sure your eye is numb before starting the operation. 可能会有刺痛、压力或疼痛。这将持续不到一分钟。你的然后眼睛将保持闭上以防止任何接触或伤害眼睛的东西。为了帮助麻醉剂扩散，工作人员可能会按摩您的眼睛，施加压力或放置对眼睛的负担很小。您的治疗师会检查以确保您的开始手术前眼睛已经麻木。

Purpose: Eye numb drops are administered to temporarily numb the eye's surface, which may help in reducing discomfort or pain during the examination or procedure. 眼部麻药滴液会暂时麻醉眼部表面，帮助降低术中不适感。

Potential Benefits:

The use of eye numb drops may enhance my comfort during the procedure and improve the overall experience. 使用眼麻醉眼药水可能提高我在治疗期间的舒适感，改善整体体验。

Potential Risks and Side Effects:

While eye numb drops are generally safe, there may be potential side effects or adverse reactions, which include but are not limited to: 潜在风险和副作用：虽然眼麻醉眼药水通常安全，但可能会出现潜在的副作用或不良反应，包括但不限于：

- Temporary stinging or burning sensation in the eye 眼睛暂时刺痛或灼烧感
- Temporary blurred vision 眼睛暂时模糊视觉
- Temporary localized numbness or tingling sensation 暂时局部麻木或刺痛感
- Temporary sagging of your upper eyelid. 上眼睑暂时下垂
- Allergic reactions (rare but possible) 过敏反应（罕见但可能）

*I confirm that I do not have the following symptoms: 我确认没有以下症状

- a bad cold or flu, asthma or other chest disease 严重感冒或流感, 哮喘或其他胸部疾病
- diabetes – heart disease – kidney disease 糖尿病--心脏病--肾病
- high blood pressure 高血压
- other serious medical conditions 其他严重医疗状况

Voluntary Consent:

*I give my consent for the administration of eye numb drops voluntarily. I have had the opportunity to ask questions and seek clarification regarding the procedure and its potential risks and benefits. 我自愿同意接受眼麻醉眼药水的使用。我有机会提出问题并寻求有关程序及其潜在的风险和好处。

Documentation:

*I consent to the documentation of the administration of eye numb drops in my medical records. 我同意在我的医疗记录中记录眼麻醉眼药水的使用情况。

*I consent to the anaesthesia services checked above, to be provided by a qualified healthcare professional from MINTSKIN, all of whose members have been credentialed to provide anaesthesia services as contemplated in this health care facility. 我同意上述麻醉服务由合格医疗保健专业人员提供, 其所有成员均已获得在该医疗保健机构中提供麻醉服务的资格。

*I confirm that my physical condition is suitable for eye anesthetic drops. 我已知本人身体状况是适合眼部麻药滴液

*I acknowledge that I have read the form or had it read to me, that I understand the risks, alternatives and expected results of the anaesthesia service and that I had ample time to ask questions and to consider my decisions. 我承认我已经阅读了这份表格, 或者已经有人为我阅读过, 我理解麻醉服务的风险、备选方案和预期结果, 我有足够的时间提问和考虑我的决定。

Patient's Signature: _____ Date: _____

Healthcare Professional's Signature: _____ Date: _____