



Phone: 705-326-5774 Fax: 705-325-1090
jpdental@rogers.com

Patient's name: _____ Today's date: ___ dd / ___ mm / _____ yyyy

(Please read and fill out all pages of the entire form and print clearly!)

Patient Information

Male Female

Title: Mr. Mrs. Ms. Miss Dr. Child/Youth

Last Name: _____ First Name: _____

Date of Birth: ___ dd / ___ mm / _____ yyyy Age: _____

Weight: _____ kg / lbs (please circle) **← IMPORTANT – PLEASE FILL OUT!**

NOTE: IF YOU WEIGH OVER 250LBS – please call us for clearance first!

Height: _____ m-cm / feet-inches

Address: _____

Home Phone: _____

Business Phone: _____

City: _____

Cell Phone: _____

Province: _____

email: _____

Postal Code: _____

Who has the legal authority to sign the CONSENT on pages 10 and 11 (if the patient cannot):

Name: _____ Phone number: _____

*Note: this individual **must** be reachable at the time of anesthesia!*

If informed consent cannot be obtained, the surgery cannot proceed.

Is any other applicable custodian (i.e. parent) informed and in agreement?

Yes No (please explain) _____

Companion Information

Name: _____

Phone: _____

Relationship to patient: _____

Medical Care Information

Family Physician: _____

Phone: _____

Address: _____

Patient's OHIP number and version code: _____

Expiry: _____

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

		Yes	No	Unsure																																																																																																																																																																
1.	<p>Does the patient have any health problems or concerns presently (including colds, flu etc)? Please explain:</p> <hr/> <p>Does the patient suffer from:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unsure</th> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unsure</th> </tr> </thead> <tbody> <tr><td>High blood pressure</td><td></td><td></td><td></td><td>HIV, AIDS</td><td></td><td></td><td></td></tr> <tr><td>Heart disease</td><td></td><td></td><td></td><td>Asthma</td><td></td><td></td><td></td></tr> <tr><td>Chest pain, angina, MI</td><td></td><td></td><td></td><td>Tuberculosis</td><td></td><td></td><td></td></tr> <tr><td>Heart failure</td><td></td><td></td><td></td><td>Cystic fibrosis</td><td></td><td></td><td></td></tr> <tr><td>Shortness of breath</td><td></td><td></td><td></td><td>Bronchitis, COPD</td><td></td><td></td><td></td></tr> <tr><td>Pacemaker</td><td></td><td></td><td></td><td>Emphysema</td><td></td><td></td><td></td></tr> <tr><td>Irregular heart beat</td><td></td><td></td><td></td><td>Epilepsy, seizures</td><td></td><td></td><td></td></tr> <tr><td>Abnormal heart valves</td><td></td><td></td><td></td><td>Fainting spells</td><td></td><td></td><td></td></tr> <tr><td>Heart murmur</td><td></td><td></td><td></td><td>Stroke, TIA</td><td></td><td></td><td></td></tr> <tr><td>Liver disease</td><td></td><td></td><td></td><td>Weakness, paralysis</td><td></td><td></td><td></td></tr> <tr><td>Hepatitis</td><td></td><td></td><td></td><td>Glaucoma</td><td></td><td></td><td></td></tr> <tr><td>Daily alcohol drinking</td><td></td><td></td><td></td><td>Neuromuscular condition</td><td></td><td></td><td></td></tr> <tr><td>Alcohol dependence</td><td></td><td></td><td></td><td>Arthritis</td><td></td><td></td><td></td></tr> <tr><td>Blood clotting disorders</td><td></td><td></td><td></td><td>Artificial joints</td><td></td><td></td><td></td></tr> <tr><td>Anemia</td><td></td><td></td><td></td><td>Gastric reflux, heartburn</td><td></td><td></td><td></td></tr> <tr><td>Thalassemia</td><td></td><td></td><td></td><td>Stomach ulcers, bleeding</td><td></td><td></td><td></td></tr> <tr><td>Kidney disease</td><td></td><td></td><td></td><td>Developmental Delay</td><td></td><td></td><td></td></tr> <tr><td>Adrenal gland problems</td><td></td><td></td><td></td><td>Behavioral Issues</td><td></td><td></td><td></td></tr> <tr><td>Diabetes, thyroid</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Please explain:</p>		Yes	No	Unsure		Yes	No	Unsure	High blood pressure				HIV, AIDS				Heart disease				Asthma				Chest pain, angina, MI				Tuberculosis				Heart failure				Cystic fibrosis				Shortness of breath				Bronchitis, COPD				Pacemaker				Emphysema				Irregular heart beat				Epilepsy, seizures				Abnormal heart valves				Fainting spells				Heart murmur				Stroke, TIA				Liver disease				Weakness, paralysis				Hepatitis				Glaucoma				Daily alcohol drinking				Neuromuscular condition				Alcohol dependence				Arthritis				Blood clotting disorders				Artificial joints				Anemia				Gastric reflux, heartburn				Thalassemia				Stomach ulcers, bleeding				Kidney disease				Developmental Delay				Adrenal gland problems				Behavioral Issues				Diabetes, thyroid										
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3.	Has the patient ever been in hospital? When, where and why?																																																																																																																																																																			

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

		Yes	No	Unsure
4.	Has the patient ever had general anesthesia or surgery? When, where and why?			
5.	Were there any problems with the anesthesia?			
6.	Have the patient's family relatives had problems during or after an anesthesia (i.e. malignant hyperthermia, pseudocholinesterase etc.)? Please explain.			
7.	Does the patient have a drug allergy? What drug? What happened? (Circle) rash breathing problems swelling Other:			
8.	Does the patient have any other allergies? If yes, what type?			
9.	Does the patient take ANY medications currently (including puffers, birth-control pills)? Please list ALL medications including doses and times usually taken:			
10.	Does the patient use or take ANY non-prescription remedies (including herbal remedies) right now? Name			
11.	Has the patient had a cortisone (steroid) type drug orally, injected or inhaled in the past year? When? For how long?			

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

		Yes	No	Unsure
12.	Has the patient taken any medicine for a long duration in the past that is not listed above? Name Reason			
13.	Has the patient had aspirin or aspirin-containing compounds (ASA, Bufferin, Anacin, 222) within the last week?			
14.	Does the patient or does anyone in the family have a bleeding problem?			
15.	Has the patient ever had an excessive amount of bleeding following surgery such as tooth extraction?			
16.	Has the patient been exposed to any infectious diseases in the past month? If so, which?			
17.	Does the patient have any difficulty breathing while sleeping at home? Is the patient known to have 'obstructive sleep apnea'?			
18.	Does the patient have any difficulty breathing through the nose?			
19.	Does the patient have nose bleeds? If so, how many per week? _____ Which side? _____			
20.	Does the patient have problems walking (2 city blocks), running or climbing stairs (2 flights)?			
21.	Does the patient get short of breath easily?			
22.	Does the patient ever turn blue in colour and/or faint when trying to run or climb stairs?			
23.	Does the patient have any problems opening his/her mouth wide?			
24.	Does the patient have any problems moving his/her neck freely?			
25.	Has the patient ever had surgery and/or radiation treatment for a tumor or cancer?			

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

		Yes	No	Unsure
26.	Does the patient smoke? If yes, how much? If the patient quit smoking, when was this (year and month)?			
27.	Has the patient used recreational drugs (crack, cocaine or other drugs) in the last 6 months?			
28.	Is there any possibility that the (female) patient is pregnant?			
29.	Is the (female) patient nursing?			
30.	Does the patient have any loose teeth (especially front teeth) or capped teeth? Where?			
31.	Does the patient have ANY disease, condition or problem not mentioned so far?			
32.	Thrombosis Risk Factor Assessment: Please check all pertinent factors <input type="checkbox"/> Age 41 to 60 years <input type="checkbox"/> Age 61 to 70 years <input type="checkbox"/> Age over 70 years <input type="checkbox"/> History of Deep Vein Thrombosis/PE <input type="checkbox"/> Family history of Deep Vein Thrombosis <input type="checkbox"/> Obesity (>20% of ideal body weight) <input type="checkbox"/> Leg edema, ulcers, stasis <input type="checkbox"/> Malignancy <input type="checkbox"/> Pregnancy or postpartum (< 1 month) <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Hormone therapy			
33.	Nausea/Vomiting Risk Factor Assessment: Please check all pertinent factors <input type="checkbox"/> Female <input type="checkbox"/> Nonsmoker <input type="checkbox"/> History of :- postoperative nausea/vomiting (PONV) - motion sickness - family history of PONV			



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34.	Obstructive Sleep Apnea Risk Factor Assessment: Please check all pertinent factors <input type="checkbox"/> You snore loudly (heard through closed doors) <input type="checkbox"/> You often feel tired, fatigued or sleepy during daytime <input type="checkbox"/> Someone has observed you stop breathing during your sleep <input type="checkbox"/> You have high blood pressure <input type="checkbox"/> You are over 50 years old <input type="checkbox"/> You are male			
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Signature: _____

Date: _____ (day/month/year)

Relationship (*circle*): Parent Guardian Patient

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

INSTRUCTIONS TO PATIENTS RECEIVING SEDATION/ANAESTHESIA

BEFORE SURGERY

1. Food in the stomach may result in vomiting and subsequent pneumonia during anaesthesia. This is unsafe and can be fatal. It is therefore extremely important that the patient follow these **fasting guidelines**:
 - a. 8 hrs - meal that includes meat, fried or fatty foods
 - b. 6 hrs - light meal (such as toast and a clear fluid) or ingestion of infant formula or non-human milk
 - c. 4 hrs - ingestion of breast milk (no additions are allowed to pumped breast milk)
 - d. 2 hrs - clear fluids (including water, pulp-free juice and tea or coffee without milk)

Note: adults and children should be encouraged to drink clear fluids (including water, pulp-free juice and tea or coffee without milk) up to 2 hrs before elective surgery.
2. Usually the routine medications may be taken on schedule with a small sip of water unless otherwise directed by the anaesthetist.

Please note: do not take diabetic medications or fluid pills on the day of surgery; please call us if necessary. If you are diabetic, you must bring all your diabetic supplies (including, but not limited to glucometer, strips, lancets, insulin, syringes, pumps etc.)
3. Patients should wear loose-fitting clothes so that monitoring equipment can be applied easily. Please bring a change of clothes (for children: please bring an extra diaper, if necessary).
4. Patients are not to wear: contact lenses, make-up or nail polish. Leave valuables at home.
5. If there is even a small chance that the patient may be pregnant on the day of the surgery, consider doing a urine pregnancy test on the morning of the surgery to rule out that possibility.
6. Please advise us of any recent change in health such as fever, vomiting, diarrhea, cold, or flu in the days before by calling us before coming for surgery.
7. **Patients cannot go home alone! Please confirm the person who will be accompanying the patient after surgery (and who will stay with the patient during the first 24 hours). The companion must be at the patient's side on the ride home (i.e. NOT be driving the car and leaving the patient unattended in the back of the car). For most children (and some adults) there will need to be two individuals coming with the patient!**
8. The patient will need a responsible person at arm's length for the first 24 hours after surgery.
9. If the patient does not speak English well enough, it is imperative that the patient arranges for a competent translator to be present for the duration of the surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
10. If the patient is unable, for whatever reason, to give his/her own consent, it is imperative that the individual who has power of attorney be present or available by phone. The patient must bring this information on the day of surgery. **If informed consent cannot be obtained, the surgery cannot proceed.**
11. Please call us if you have any questions or concerns: (705) 326-5774.

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

INSTRUCTIONS TO PATIENTS RECEIVING SEDATION/ANAESTHESIA

DURING SURGERY

1. The patient will be given fresh oxygen (and possibly sleep medicine) through a mask to breathe. Monitor stickers will be placed on the patient's chest and a clip placed on the finger. A blood pressure cuff will be placed on the arm.
2. In adult patients, a small intravenous catheter is usually placed in the back of the hand before going to sleep (faster and preferred), whereas in children, due to the fear of needles, the intravenous catheter will often be placed after falling asleep, to allow the fluids or medications to be given. In some adults, upon special request, and depending on the type of surgery, the possibility of placing the intravenous after falling asleep with a mask may be considered prior to a general anaesthesia.
3. Most patients, especially children, toss/turn, stretch out their arms, roll their eyes, and their breathing patterns change as they go to sleep.
4. In general we encourage the presence of one parent (sometimes both) with a paediatric patient for the induction of anaesthesia (not for the duration of surgery). Due to a variety of factors this may not always be possible or be in the best interest of the child. Your understanding and cooperation in this context is very important (if, for example, you are asked to step outside to the waiting area).
5. In some circumstances (for example young patients of adults with special needs) patients may not be able to cooperate and some form of temporary restraint may be required to conduct the anaesthetic safely. If this is not acceptable, please discuss this with the anaesthetist prior to treatment.
6. In the case of general anaesthesia, the patient will be completely asleep for the entire procedure and will normally asleep for about 15-30 minutes longer than the time it takes for the procedure to be completed.
7. Parents of children must wait in the waiting room during surgery until they are called in. While every effort is made to let parents see their child as early as possible after the anaesthetic ends, children will in general have to be awake and stable enough to permit their parents to be with them after emergence. As children are often agitated when they awake from anaesthesia, parents may hear their child cry without being able to see them (yet).
8. Please be aware that there may be delays during surgery and patients, parents, and companions should clear their schedules of any other appointments or commitments on the date of surgery.

Patient's name: _____ Today's date: ____ dd / ____ mm / ____ yyyy

INSTRUCTIONS TO PATIENTS RECEIVING SEDATION/ANAESTHESIA

AFTER SURGERY

1. It usually takes approximately 30-60 minutes after surgery before the patient can go home safely. It is not uncommon for the patient to feel dizzy and disoriented when upon awakening. Children frequently cry, even if they do not experience any discomfort. The intravenous catheter will remain in place until the patient is fully awake.
2. Children often get very irritable after they have extensive dental work with placement of crowns. This is a result of their bite feeling different and will usually resolve after a couple of days when they get used to it.
3. **A responsible adult must accompany the patient home and someone has to stay with the patient for the first 24 hours. The companion must be at the patient's side on the ride home (i.e. NOT be driving the car and leaving the patient unattended in the back of the car). For most children (and some adults) there will need to be two individuals coming with the patient!**
4. Patients should rest at home for the post-operative period (24 hours). **DO NOT WORK, DRIVE, OPERATE HAZARDOUS MACHINERY OR MAKE IMPORTANT DECISIONS FOR 24 HOURS FOLLOWING ANAESTHESIA.** A responsible adult must be with the patient. Children must not participate in activities that may cause injury, i.e. running, riding a bicycle.
5. The patient should not be allowed to fall asleep in an upright position (i.e. car seat, stroller) on the day of surgery to prevent the possibility of air passage obstruction.
6. The patient should drink plenty of fluids (water, juice) after anaesthesia but should **not drink alcoholic beverages or take sedative medication for 24 hours after surgery.**
7. If the patient is not experiencing any nausea or vomiting, he/she may eat solid food as tolerated (please begin with easily-digested foods).
8. A sore throat or sore nose (with small amounts of blood, especially nose bleeds) is common after anaesthesia and will resolve on its own. Some muscle ache in the neck and shoulders is also common.
9. Take medications as advised. Unless instructed otherwise, Tylenol or Motrin can be used to control pain. The surgeon/dentist will usually write a prescription for additional pain killers as needed.
10. The area where the intravenous catheter was placed may be sore and bruised for a few days after surgery. Should this persist or worsen, please call us.
11. A slight rash in the face may be visible where tape was applied.
12. Especially children may at times complain about 'burning in the eyes' which can be the result of them having rubbed and scratched their eyes during the wake-up phase. These symptoms usually resolve with conservative treatment over the first 24-48 hours.
13. For follow-up with the dentist/surgeon please call his/her office as instructed.
14. If necessary contact or visit your family physician, local walk-in clinic or the nearest emergency room. Please also call us for any concerns or unexpected events (we will attempt



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to return your call as soon as feasible, however please do not delay seeking medical attention while waiting for our return phone call as we may be busy with other patients or not be available, especially after hours or on weekends and holidays), i.e.:

- i. if the patient vomits beyond 4 hours after anaesthesia
- ii. if the patient does not pass urine
- iii. if the patient develops a fever over 38.5°C
- iv. if there is any difficulty breathing
- v. if there is any significant bleeding
- vi. if there is severe pain, not relieved with rest and medication
- vii. if the patient has to go to the emergency room or seek medical attention related to the surgery
- viii. if there are any other unexpected events or concerns.

Patient's name: _____ Today's date: ____ dd / ____ mm / ____ yyyy

INFORMED CONSENT for Sedation/General Anaesthesia pg 1 of 3

I understand that the following has been provided to me so that I may be informed of the choices and risks involved with having a procedure performed under anaesthesia. It is my understanding that this information has been presented to enable me to make well-informed decisions concerning my or my child's treatment, not to make me anxious.

I have been informed that aside from drowsiness, the most frequent side-effects of any anaesthetic include, but are not limited to, nausea, vomiting, sore throat, hoarseness, general muscle soreness and inflammation with tenderness and/or bruising around the intravenous site. Depending on the procedure performed, some degree of post-operative pain is to be expected. Since anaesthesia may cause drowsiness and incoordination that may be enhanced by the use of alcohol or drugs, it is understood that (other than usual prescription medications or medication prescriptions provided for the relief of post-operative discomfort) they are to be avoided until completely recovered from the effects of anaesthesia. I understand that the operation of any vehicle or any hazardous device/machine, or the making of any important decisions is to be avoided for at least 24 hours or until completely recovered from the effects of anaesthesia. Parents are advised of the necessity for direct parental supervision of children for 24 hours following their anaesthesia.

I understand that on rare occasions there are anaesthesia-related complications which include, but are not limited to, pain, hematoma, numbness, infection, swelling, bleeding, urinary retention, visual loss, aspiration, negative pressure pulmonary edema, organ failure, malignant hyperthermia, skin discoloration, allergic reaction, oral dental damage, and fluctuations in heart rhythm and/or blood pressure. I further understand and accept the extremely remote possibility that complications may arise which may require hospitalization, result in brain damage, failure to recover, coma from anesthesia or death. I have been made aware that local anaesthesia carries with it the least amount of risk and sedation/general anaesthesia the most. However, local anaesthesia alone may not be appropriate for some patients or procedures.

I understand that anesthetics and other medicines may be harmful to an unborn child and could result in spontaneous abortion or cause birth defects. Recognizing these risks, I accept full responsibility for informing the anaesthetist of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anaesthesia. For similar reasons, I understand that I must inform the anaesthetist if I am (or my child is) a nursing mother.

I hereby authorize and request SurgiServices to contact persons on my behalf and obtain any previous or current medical records/information when needed to properly assess my / my child's health status prior to anaesthesia.



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Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

INFORMED CONSENT cont'd pg 2 of 3

I hereby authorize and request the anaesthetist to perform anaesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anaesthesia. I consent, authorize and request the administration of such anaesthetic(s) by any route that is deemed suitable by the anaesthetist. It is the understanding of the undersigned that the anaesthetist will have full charge of the administration and maintenance of the anaesthetic, and that this is an independent function from the surgery or dental work.

I have been fully advised and completely understand the alternatives of conscious sedation, deep sedation and general anaesthesia, and accept all possible risks and consequences. I acknowledge receipt of and completely understand both pre-operative and post-operative anaesthesia instructions. It has been explained to me and I accept that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my / my child's anaesthetic and I am satisfied with the information provided to me.

I hereby acknowledge that I am a resident in the province of Ontario and I agree that the resolution of any and all disputes arising from or in connection with my care by the anaesthetist (as well as his agents and/or delegates) shall be governed by and construed in accordance with the laws of the Province of Ontario and that the Courts of the Province of Ontario shall have the exclusive jurisdiction.

YOU MUST HAVE READ AND UNDERSTOOD ALL 13 PAGES OF THIS PACKAGE BEFORE SIGNING THE CONSENT!

Signed _____ Date _____

Print Name _____

Witness _____

Print Name _____

Patient's name: _____ Today's date: ____ dd / ____ mm / _____ yyyy

INFORMED CONSENT cont'd pg 3 of 3

A note about awareness under general anaesthesia:

The chance for a patient to be awake (in pain and paralyzed, unable to communicate) under general anaesthesia is extremely remote and most reported cases involve patients that undergo high-risk hospital-based surgical procedures coupled with the use of paralyzing medications (cardiac surgery, emergency operations, caesarean sections etc.). The type of surgery and the anaesthetic medications for office-based general anaesthesia tend to be very different from the above-mentioned cases (for example, paralyzing medications are generally not used). While some hospitals (for selected cases) use a tool to monitor brain activity that might help to detect awareness, it is not clear that these tools make a difference to patient safety, and these monitors, particularly for office-based anaesthesia, are not routinely used.

A note about children and anesthesia:

Anesthetic and sedative drugs are widely used to help ensure the safety, health, and comfort of children undergoing surgery. There is evidence from studies which suggests the benefits of these agents should be considered in the context of their potential to cause harmful outcomes, such as adverse neurobehavioural effects. However, these studies have limitations that prevent experts from drawing conclusions on whether the harmful effects were due to the anesthesia or to other factors, such as surgery, hospitalization, or pre-existing conditions.

In the absence of conclusive evidence, it would be unethical to withhold sedation and anesthesia when necessary. It is important to recognize that current anesthetics and sedatives are necessary for infants and children who require surgery or other painful and stressful procedures.

(Extract from Smart Tots IARS Consensus Statement on the Use of Anesthetics and Sedatives in Children, Dec 2012) www.smarttots.org/resources/consensus.html

A note about older adults and anesthesia:

Elderly patients, especially when already slightly impaired at baseline (i.e. dementia) are at risk of further decrease in their function after anesthesia (including confusion, inattention and memory problems). Together with their frailty the acute confusion that is possible after anesthesia can make the management of those patients challenging and we strongly advise to have adequate support (at least two physically fit individuals) come for the appointment to safely escort the patient home and stay with him/her.