

## INFORMED CONSENT OF PROCEDURE

You have a pain problem which has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. There is **no guarantee** that a procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below. **Tell the physician if you are taking any blood thinners such as Coumadin, Lovenox or Heparin**, as these can cause excessive bleeding and a procedure should not be performed.

Alternatives to this procedure include medications, physical therapy, acupuncture, surgery, etc.

Physician

Benefits include increased likelihood of correct diagnosis and/or decrease or elimination of your pain.

<u>Risks</u> include infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis or death; air in lung requiring chest tube; tissue, bone or eye damage from steroids. Nerve destruction with phenol, Botox, alcohol, or radiofrequency energy have risks of nerve and tissue damage.

Botox, alcohol, or radiofrequency energy have risks of nerve and tissue damage. **Specific Risks** pertaining to each specific procedure are as follows (*Patient to initial line of procedure*): Epidural, Facet, Joint, Medial Branch nerve, Sacroiliac Joint, Selective Nerve Root or Lumbar Sympathetic Injection/ Block/Ablation: Low blood pressure, temporary weak/numb arm or leg, headache requiring epidural blood patch. Epidural or Spinal Opiod Injection: Itching, nausea, urinary difficulty, slowed breathing. Discogram, Intradiscal Steroid Injection, or IntraDiscal Electrothermal Therapy (IDET): Infection or discitis. Stellate Ganglion Block Ablation: Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, air in lung. Trigger Point Injection, Soft Tissue Injection, Peripheral Nerve-Neuroma Block, Occipital Nerve Block, Intercostal Nerve Block/ Ablation: Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin. Celiac or Superior Hypogastric Plexus Block/Ablation: Low blood pressure, internal vessel/organ puncture, requiring emergency surgical treatment to repair it, temporary or permanent bowel, bladder or sexual dysfunction. Spinal Cord Stimulator Im/explant, Spinal Infusion Pump Im/explant or Refill, Epidural or Spinal Catheter Im/explant: Infection requiring hospitalization and removal of stimulator, catheter or pump, meningitis, nerve damage Percutaneous Lysis of Epidural Adhesions: Nerve damage, meningitis, dural puncture, eye hemorrhage. Myobloc (Botulinum Toxin) Injection: Nerve or tissue damage, prolonged neuromuscular weakness. Percutaneous Neuromodulation Therapy (PNT): Infection, tissue or nerve damage, air in lung. EMG/NCS: Excessive bleeding, local pain from tissue and/or nerve irritation, localized infection, dimpling of/depression in skin. The incidence of serious complications listed above requiring treatment is very low (less than 1% in our experience). Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done. and such assistants as may be selected by him/her to perform the I authorize Dr. following procedure: I have read or had read to me the above information. I understand that there are risks involved with this procedure. to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure. Patient or His/Her Legal Guardian Date Witness Physician Declaration: I and/or my assistant have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

Date