

HUDSON SPINE PAIN MEDICINE

CONSENT TO PROCEDURE

I authorize Hudson Spine and Pain Medicine and the doctors associated with the practice to perform the following procedure. The procedure may be performed under X-ray or ultrasound guidance. The procedure planned for treatment of my diagnosis has been explained to me as follows:

- | | |
|---|---|
| <input type="checkbox"/> Lumbar Epidural Steroid Injection | <input type="checkbox"/> Lumbar Medical Branch Block |
| <input type="checkbox"/> Cervical Epidural Steroid Injection | <input type="checkbox"/> Cervical Medical Branch Block |
| <input type="checkbox"/> Lumbar Facet Radiofrequency Ablation | <input type="checkbox"/> Cervical Facet Radiofrequency Ablation |
| <input type="checkbox"/> Trigger Point Injection | <input type="checkbox"/> Joint Injection |
| <input type="checkbox"/> Other | |

I have been informed that there are risks associated with the procedure that include, but are not limited to the following:

- 1. BLEEDING:** As long as you have no bleeding tendency and are not on any blood-thinners such as Coumadin or Plavix, bleeding complications are extremely rare. However, patients have very rarely had to undergo emergency surgery to relieve pressure on the nerve roots and spinal cord because of bleeding after needle procedures like epidural steroid injections.
- 2. INFECTION:** Any needle passing through the skin can introduce infection, which in an epidural injection can lead to an epidural abscess or meningitis. This is an extremely rare complication and sterile techniques will be used to minimize the risk.
- 3. SPINAL HEADACHE:** This is a rare complication that may occur when a small hole is made in the fibrous sac and does not close up after the needle puncture. These small holes are made in less than 1% of epidural injections and usually heal on their own. The spinal fluid inside can leak out, and when severe, the brain loses the cushioning effect of the fluid, which causes a severe headache when you sit or stand.
- 4. STEROID SIDE EFFECTS:** Some of the side effects include increased blood sugar or hyperglycemia (especially in diabetic patients), fluid retention, elevated blood pressure, and transient redness or facial flushing.
- 5. ALLERGIC REACTION:** The use of any medication, including x-ray contrast, has the possibility of producing an allergic reaction. Please inform your physician of all your known medical allergies before the procedure. If you have any questions, please feel free to ask the physician performing the procedure prior to signing the form.
- 6. NERVE DAMAGE:** Include possible paralysis, bowel and bladder problems, and increased pain.

IS THERE ANY CHANCE YOU MAY BE PREGNANT? YES NO N/A

X _____
(Signature of patient declining ANY chance of pregnancy)

CONSENT TO PROCEDURE AND TREATMENT: I consent to the administration of customary and condition appropriate medication during my procedure. I recognize that unforeseen circumstances may require additional or different procedures than those indicated above. I authorize my physician and associates to perform procedures or treatments deemed necessary in my physician's professional judgment. The following alternatives have been explained to me: no treatment, other non-interventional modalities, oral medications, or surgery.

X _____
(Signature of Patient) (Date)

X _____
(Witness) (Date)