

The Brain & Spine Institute at Gwinnett Medical Center

INFORMED CONSENT FOR INJECTIONS

(Please read carefully before signing)

NAME: _____

TYPE OF INJECTION: _____

Injections usually include derivatives of cortisone and a numbing agent. Please, ask your doctor as to what medication, he/she intends to inject. They are injected through a needle. The medicine works by decreasing the inflammation (or irritation) and/or numbing the nerves, therefore helping the pain. Some injections necessitate the use of x-rays, to accurately place the needle.

POSSIBLE BENEFITS:

The injection procedure should lead to a decrease in your pain and discomfort and an improvement of your quality of life, but no absolute benefit can be promised and the results cannot be guaranteed. The beneficial effect may only be temporary. Improvement is common with injections, but again, they are not guaranteed.

POSSIBLE RISKS AND DISCOMFORTS:

Severe adverse reactions are rare, but we want you to know that they might happen. Risks may include blood clot or infection at the location of the injection. Severe blood clot or infection may put pressure on the nerve roots or spinal cord and cause severe weakness, or even paralysis, if the injection is near a nerve or nerve root. Nerve root injury or irritation may also occur with weakness or numbness. Recovery usually occurs, but not always. Muscle spasm or increased pain may also occur. An adverse reaction to one of medications may also occur, such as an allergic reaction, or intolerance to the medication. Other unusual and unforeseen complications may also occur.

If x-rays are necessary, the amount of radiation you will be exposed to is relatively small. Such doses of radiation may be harmful but the risks difficult to measure. If you already have had many XRs, you should discuss with the physician before agreeing to the procedure. Procedures under x-rays CANNOT be done if you are pregnant (women only). If you are a woman, you hereby certify that you could not possibly be expecting.

ALTERNATIVE TREATMENTS:

Other alternative treatments usually include continuation of “conservative treatment” such as physical therapy, manipulations, use of pain medications and/or anti-inflammatory medications.

CONCLUSION:

Should you have any question, you may check with your physician at 678 312 2700. The procedure and possible complications have been explained to you in language that you fully understand. You have been given the opportunity to have all of your questions answered in language that you understand. Your signature below indicates that you have read and fully understand this form and the procedure and that you voluntarily consent to proceed.

Signature of patient: _____ Date: _____