

The Brain & Spine Institute at Gwinnett Medical Center

INFORMED CONSENT FOR PROLOTHERAPY

(Please read carefully before signing)

NAME: _____

PROLOTHERAPY: Prolotherapy consists in injecting irritant chemicals in tendons and ligaments. This provokes an inflammation reaction. The subsequent healing process causes tightening of the tendons and ligaments. This increases stability and decreases the pain.

POSSIBLE BENEFITS: The injection procedure should lead to a decrease in your pain and discomfort and an improvement of your quality of life (usually after a period of time where the pain might be worse). However, no absolute benefit can be promised and the results cannot be guaranteed. The beneficial effect may only be temporary.

CONTROVERSY ABOUT PROLOTHERAPY: Prolotherapy is still considered a controversial treatment. Not all physicians agree that it should be done, or that it is of any benefit. Definitive research is still lacking, although our own experience seems to show that it helps some patients.

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 infection or reaction to the chemicals may produce destruction of tissues. Nerve root injury or irritation may also occur with paralysis, weakness or numbness (recovery usually occurs, but not always). Muscle spasm or increased pain may also occur. An adverse reaction to one of chemicals used may also occur, such as an allergic reaction, or intolerance to the chemical. Other unusual and unforeseen complications may also occur. If XRs are necessary, the amount of radiation you will be exposed to is relatively small. Such doses of radiation may be harmful but the risks are 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). 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.

ADVANCE BENEFICIARY NOTICE: Considering the above controversies your insurance company may not cover all the fees and you agree to be responsible for all such fees not paid by your insurance company.

Signature of patient: _____ Date: _____