

Informed Consent for Joint Injections

Joint Injections are used to treat extremely painful and tender joints. A small needle is inserted into the skin and the area is first anesthetized with lidocaine. Then a larger needle is inserted into the joint and a combination of equal parts of the anesthetic lidocaine, and anti-inflammatory/steroid, kenalog and dexamethazone, is injected. Injection of these medications inactivates inflammation and thus alleviates pain. Additional treatment may be needed to achieve sustained relief. You will be required to ice following the procedure. **The details of the procedure have been explained to me in terms I understand.** Alternative methods and their benefits and disadvantages have been explained to me.

I understand and accept the most likely risks and complications of joint injections, which include but are not limited to: · Pneumothorax/Collapsed Lung, · Infection, · Needle Breakage, · Numbness, · Trauma to Nerves · Vasovagal Reaction (fainting), · Soft Tissue Swelling, Bruising or Hematoma Formation

I understand and accept that there are complications, including the remote risk of death or serious disability that exists with any surgical procedure.

I understand and accept the anticipated outcomes: · Increased circulation to the muscles, · Increased exercise tolerance, · Increased pain threshold at the trigger point, · Increased range of passive and active motion, · Pain reduction, · Multiple sessions may be necessary, · Temporary increased muscle spasm, · Temporary injection and post-injection pain

I have informed the physician of all my known allergies. I have informed the doctor of all medications I am currently taking, including prescription drugs, over the counter remedies, herbal therapies and supplements, aspirin and any other recreational drug or alcohol use .I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure. I have been informed of what to expect in the post-injection period, including but not limited to: estimated recovery time, anticipated activity level and the possibility of additional procedures. **The physician has answered all of my questions regarding this procedure.**

I authorize my physician, with associates or assistants of his choice, to perform the procedure of joint point injections on _____. I further authorize my physician, with associates or assistants of his choice to do any other procedure that in their judgement may be necessary or advisable should unforeseen circumstances arise during the procedure.

I certify that I have read and understand this treatment agreement and that all the blanks were completed prior to my signature.

Signature Patient or Legal Representative

Date

I have been offered to have a chaperone present and declined. _____

I certify that I have explained the nature, purpose, benefits, risks, complications and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient / legal representative fully understands what I have explained.

Jerrold Rosenberg, MD

Date