

Joint Injection Informed Consent

M Kathryn Schaefer MD LLC / Botox Oahu

This is an informed consent document that has been prepared to help you concerning Joint Injection and its risks. It is important that you read this information carefully and completely. Initial each page and sign the final pages.

The following joint injection procedure will be performed:

- Right Left Bilateral (Both)
- Shoulder Elbow Wrist Hand Hip
- Knee Foot Ankle _____

A Joint Injection is a procedure that injects medication into a joint for pain relief. The injection is usually a mixture of local anesthetic and steroid medications. Pain relief can be long lasting or temporary. This procedure may require the use of a local anesthetic.

Risks of the procedure in recommending a Joint Injection, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure can include but are not limited to the following. Common risks and complications include:

1. Bleeding or bruising. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix) or Dipyridamole (Persantin and Asasantin).
2. Failure of local anesthetic which may require a further injection of anesthetic or a different method of anesthesia may be used.
3. Nerve damage is usually temporary and should get better over a period of time. Permanent nerve damage is rare.

Less common risks and complications include:

1. Infection, requiring antibiotics and further treatment.
2. Damage to surrounding structures such as blood vessels and muscles, requiring further treatment.
3. Inflammation of the joint, resulting in an increase of fluid in and around the joint.
4. An allergy to injected drugs, requiring further treatment.
5. The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

Initial: _____

Page: 1

1. Seizures and/or cardiac arrest due to local anesthetic toxicity.
2. Death as a result of this procedure is exceedingly rare.

I acknowledge and understand that the doctor/doctor delegate has explained the proposed procedure.

1. The risks and complications, including the risks that are specific to me.
2. The sedation/anesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
3. That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
4. If immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
5. I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
6. I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.

DISCLAIMER:

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process to define principles of risk disclosure should generally meet the needs of patients in most circumstances. However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Patient's Name: _____

Patient's Signature: _____

Date: _____

Physician Declaration: I and/or my associate 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. M Kathryn Schaefer MD.

Initial: _____