

**Temecula Valley Pain Medical Group, Inc. dba  
University Spine Institute  
INFORMED CONSENT FOR PROCEDURE**

Patient Name: \_\_\_\_\_

Please Print Clearly

You have a pain problem, which has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. The degree and duration of pain relief varies from person to person. Your physician will explain the details of the procedure listed below.

**Tell the physician if you are taking any blood thinners such as Coumadin, Plavix, Lovenox or Heparin**, as these can **cause excessive bleeding** and a procedure should not be performed.

**Alternatives** to the procedure include continuing status quo, medication, physical therapy, acupuncture, surgery, etc.

**Benefits** include increased likelihood of correct diagnosis, and/or of decrease or elimination of your pain.

**General risks** include infection, bleeding, allergic/adverse medication reaction, increased pain, nerve damage involving temporary or permanent pain, numbness, weakness, paralysis, equipment malfunction, air in lung requiring chest tube, tissue, bone or eye damage from steroids, or death. Nerve destruction with phenol, Botox, alcohol, or radiofrequency energy have risks of nerve and tissue damage. Increased risk in obese people and smokers, of infection, chest infection, heart and lung complications, thrombosis.

**Specific risks** pertaining to the proposed procedure/series are as follows ("X" appropriate procedure)

- \_\_\_\_\_ Epidural, Facet Joint Medial Branch Nerve block/ablation, Selective Nerve Root or Lumbar Sympathetic Injection/Block/Ablation: Low blood pressure, temporary weak/numb arm or leg, thecal headache requiring epidural blood patch, bladder weakness/incontinence.
- \_\_\_\_\_ Sacroiliac Joint injection/block/ablation: weakness or numbness of hip/leg
- \_\_\_\_\_ Discogram, Intradiscal Steroid Injection, Percutaneous Discectomy, or IntraDiscal ElectroThermal Therapy (IDET): Infection or discitis, catheter trauma or breakage.
- \_\_\_\_\_ Stellate Ganglion Block/Ablation: Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, air in lung.
- \_\_\_\_\_ Trigger Point Injection, Peripheral Nerve-Neuroma Block, Occipital Nerve Block, Intercostal Nerve Block/Ablation: Air in lung requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin, need for assisted breathing. Collapsed lung
- \_\_\_\_\_ Spinal Cord Stimulator trial/implant/explant: Infection requiring hospitalization and removal of stimulator, meningitis, nerve damage. Tendon or nerve injury (if having tendon or nerve block)
- \_\_\_\_\_ Peripheral Nerve Stimulator trial/implant/explant: Infection requiring hospitalization and removal of stimulator, nerve damage.
- \_\_\_\_\_ Myobloc (Botulinum Toxin) Injection: Nerve or tissue damage, prolonged neuromuscular weakness.
- \_\_\_\_\_ Vertebral Augmentation: Cement leakage, spinal cord/nerve root damage, infection in the bone, collapsed lung, blood clot.
- \_\_\_\_\_ Laminotomy: bleeding, dural tear and leak with need for emergent open spine surgery, arachnoiditis or neuritis.
- \_\_\_\_\_ Discoloration or dimpling of the skin. (if corticosteroids are used))

The incidence of serious complications listed above requiring treatment is very low. Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done.

