

CONSENT FOR EPIDURAL NEUROLYSIS

I, _____ [print patient's name], have agreed to undergo the procedure of epidural neurolysis with a urological guidewire and/or RACZ tunnel cath with possible installation of Hypertonic saline, 0.9% normal saline and/or Hyaluronidase as deemed appropriate by the physician for lysis of adhesions in my spinal canal. It is my understanding that the purpose of the procedure is to free the adhesions that are pressing upon the spinal cord and nerve roots and instill anesthetic and steroid to alleviate my pain.

The procedure [as I understand it] involves placing a needle into the epidural canal space above the level of the spinal cord and sac. Through this needle non-ionic water soluble radiopaque dye will be injected to determine the locations of the adhesions and occlusions of the canal space. Then the physician will pass forth the guidewire or tunnel cath in attempts to break up adhesions. Medication including 10% Hypertonic saline and/or normal saline, anesthetic and steroid may be utilized to lyse the adhesions.

I understand that I will be anesthetized with IV sedation during the procedure. I agree to abide by all preoperative instructions, particularly not eating eight (8) hours prior to the procedure and not drinking except for taking medications with a sip of water.

I understand the risks of the procedure involve a possibility of damage to the nerve roots and the possible need for further surgery if complications should occur to the nerve roots or hematoma formation resulting in spinal cord compression.

The risk of infection has been explained to me. I also understand the precautions taken are to include the use of a sterile field and full sterile technique. Physicians of _____ have explained to me that the technique may be repeated two (2) more times within three days as indicated by the pain relief. No guarantee of 100% success is implied, written or stated. I further understand that the procedure will be performed under fluoroscopic x-ray guidance using water-soluble nonionic contrast material. In view that I have not had success with other forms of pain control therapy, I'm willing to proceed with the epidural neurolysis procedure.

Appropriate instructions have been given to me with regards to the procedure as well as appropriate post-op instructions. I agreed to abide by all instructions including having transportation to and from the hospital, not making any important decisions post procedure for 24 hours and having a responsible adult with me for 24 hours post procedure.

I understand this is a relatively new procedure performed only in several specialty centers with respect to pain medicine.

As with any anesthetic or surgical procedure, the risk of damage to any and all body organs including death must be discussed as a medicolegal requirement even though the occurrence is extremely RARE.

I have had the opportunity to ask all questions relative to the procedure and have had them answered to my satisfaction. I understand the risks, benefits and potential complications of the procedure and agree to have _____ [print physician's name] and/or his associates perform the epidural neurolysis procedure.

I understand that other specialists in the field of pain medicine with similar training and skills are available, but I have chosen to proceed with _____ [print physician's name] and/or his associates.

Patient Signature

Date and Time

Witness Signature

Date and Time