

CONSENT FOR NARCOTIC INFUSION PUMP

I, _____ [print patient's name], have been through a complete workup and evaluation by _____ [print physician's name] and/or his associates. Having failed conservative measures in pain therapy, I have agreed to go forward and have a Narcotic Infusion Pump connected to subcutaneous tunneled intrathecal catheter for the purpose of alleviating my pain. The procedure which involves surgical implantation of the intrathecal catheter in my spinal canal and attachment of the catheter to a pump implanted in a subcutaneous pocket in my abdomen has been explained to me.

I understand the risks involved include infection, allergic reaction to the medication, complications related to the anesthesia, pump malfunction and failure of the pump to alleviate the pain. The benefits which I seek to achieve are pain control and a better quality of life.

I am aware that the pump requires refills, which will be performed by the doctor or his designated assistant on a timely basis as determined by my requirements for pain medication.

I understand that the pump reservoir has a battery life of 3-5 years and will require changing by surgical removal and reimplantation when the battery is no longer functioning. I understand that this can be performed as an outpatient surgical service.

Having had the risks, benefits and potential complications explained to me, I am agreeing to go forth with the procedure of surgical implantation of a Narcotic Infusion Pump with an intrathecal catheter delivering the medication to my spinal cord for the purpose of blocking the pain pathways. I have had the opportunity to ask all questions relative to the procedure and have had them answered by my satisfaction. I have reviewed the patient educational video for the pump insertion and pain control.

I understand that other specialists in the field of pain medicine with similar training and skill are available, but I have chosen to proceed with _____ [print physician's name] and/or his associates. If a dispute should arise, I agree to resolve the issue through arbitration. I am aware that by receiving this device, I will comply with all the recommended follow up care and therapy.

I am submitting my prior approval to utilize the Home Infusion and/or nursing service agency when requested by the doctor for assistance with pump refilling and maintenance.

Physician Signature

Date and Time

Witness Signature

Date and Time