

CONSENT FOR PAIN MANAGEMENT PROCEDURE

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. There is **no guarantee** that a procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below. **Tell the physician if you are taking any blood thinners such as Coumadin, Lovenox or heparin**, as these can cause excessive bleeding and a procedure should not be performed.

Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc.

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

Risks include infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis or death; air in lung requiring chest tube; tissue, bone or eye damage from steroids. Nerve destruction with phenol, Botox, alcohol, or radiofrequency energy have risks of nerve and tissue damage.

Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):

Initial	Procedure	Risks
	Epidural, Facet Joint, Medial Branch Nerve, Sacroiliac Joint, Selective Nerve Root or Lumbar Sympathetic Injection/Block/Ablation:	Low blood pressure, temporary weak/numb arm or leg, headache requiring epidural blood patch
	Epidural or Spinal Opioid Injection	Itching, nausea, urinary difficulty, slowed breathing
	Discogram, Intradiscal Steroid Injection, or IntraDiscal ElectroThermal Therapy (IDET):	Infection or discitis
	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
	Celiac or Superior Hypogastric Plexus Block/Ablation:	Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment to repair it; temporary or permanent bowel, bladder, or sexual dysfunction
	Spinal Cord Stimulator Im/explant, Spinal Infusion Pump Im/explant or Refill, Epidural or Spinal Catheter Im/explantation:	Infection requiring hospitalization and removal of stimulator, catheter or pump; meningitis, nerve damage
	Percutaneous Lysis of Epidural Adhesions:	Nerve damage, meningitis, dural puncture, eye hemorrhage
	Myobloc (Botulinum Toxin) Injection:	Nerve or tissue damage, prolonged neuromuscular weakness
	Percutaneous Neuromodulation Therapy (PNT):	Infection, tissue or nerve damage, air in lung

The incidence of serious complications listed above requiring treatment is very low (less than 1% in our experience). 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.

I authorize _____ [print physician's name] and such assistants as may be selected by him/her to perform the following procedure:

I have read or had read to me the above information. **I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.**

Patient Signature

Date and Time

Witness Signature

Date and Time

Physician Declaration: I and/or my assistant 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.

Physician Signature

Date and Time