

# ***Interventional Pain and Regenerative Medicine Specialists***

## **Informed Consent for Interventional Pain Procedures**

You have a painful condition that has not been relieved or adequately helped by routine treatment and conservative management. A procedure, specifically an injection or operation, is now potentially indicated for further management and/or treatment of your pain. There is **No** guarantee that a procedure will help your pain, and in isolated cases, it may make your pain **Worse**, even when the procedure is performed in a technically correct manner. The degree and duration of pain relief varies from individual to individual. After your procedure, we will evaluate your progress and determine if further interventional treatment is indicated. Your physician will fully explain the details of the procedure to be performed. Tell your physician if you are taking any **blood thinning medications** such as **Plavix, Coumadin, Lovenox or Eliquis**, as these can cause excessive bleeding. A procedure should **not** be performed while on blood thinners, unless the medication is held or you are otherwise instructed not to hold the medication by your physician. Alternatives to a procedure include medications, physical therapy, acupuncture, surgery, etc. Potential benefits include a decrease in your pain, improved activities of daily living and improvement in the quality of your life.

### Risks include:

- **Increased pain and allergic reaction** from local anesthetics, contrast (X-ray dye), IV anesthetic agents and/or other medications
- **Reaction to the corticosteroid:** facial flushing, elevated blood glucose, headaches, increased appetite, weight gain, swelling, menstrual irregularities, hoarseness, infection, increased blood pressure and insomnia.
- **Infection** of the skin, tissue, bones, joints, discs, nerves, ligaments, blood stream (bacteremia/sepsis), brain and spinal cord (meningitis) that could require hospitalization and be potentially life threatening
- **Bleeding** into the epidural space (epidural hematoma) and into the spinal canal (spinal hematoma) may require a surgical intervention such as an evacuation of blood from the epidural space or spinal canal with surgical decompression.
- **Nerve damage, nerve injury, tissue injury, tissue damage, temporary and permanent numbness and/or weakness, paralysis, spinal cord injury, urinary and/or fecal incontinence**
- **Headache** ("spinal headache") may require an epidural blood patch (injecting your own blood into the epidural space) and possible hospitalization
- **Death**

### Specific procedural risks include:

- **Stellate Ganglion Block:** In addition to the above complications, hoarseness, difficulty swallowing, seizure, air in the lung (pneumothorax) may require a chest tube and hospitalization
- **Trigger Point Injection, Peripheral Nerve Blocks:** In addition to the above complications, air in the lung (pneumothorax) may require a chest tube and hospitalization, localized pain from tissue and/or nerve irritation, dimpling of/atrophy of the skin and subcutaneous tissues.
- **Joint Injections:** In addition to the above complications, infection and fluid collection in the joint(s) which may require antibiotic treatment, fluid aspiration and surgical intervention

## Procedure:

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The incidence of serious complications listed above is low, but they can still occur. Your physician believes the potential benefits of the procedure outweigh the potential risks. It is your decision and right to accept or decline to have a procedure performed. I understand there are risks involved with any interventional medical procedure, to include rare complications, these risks/complications may not have been specifically mentioned in detail.

The risks of the proposed procedure have been explained to my satisfaction and I consent to the named procedure which will be performed by **Dr. John M. Huffman and/or Dr. Talal Ghazal**. I herein authorize the physicians and their associates at Interventional Pain and Regenerative Medicine Specialists (IPRMS) to perform this procedure.

I understand that the risks involved with a pain management procedure are affected by the medications I take, reported allergies and my general medical condition. I agree to inform my treating doctor of any blood thinning medication I am taking or any changes in my medications, allergies or general medical condition prior to the procedure.

X \_\_\_\_\_ X \_\_\_\_\_

Patient or Legal Guardian Signature

Date

Witness Signature

Medical Provider 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 procedure.

\_\_\_\_\_ X \_\_\_\_\_

Medical Provider's Name

Medical Provider's Signature

Date