



Affix Patient Label

Patient Name:

DOB:

Informed Consent Trigger Point Injection

This information is given to you so that you can make an informed decision about having **trigger point injection**.

Reason and Purpose of the Procedure:

Trigger points are painful and tender knots that occur when muscle tissue fails to relax. A small needle is put into the painful area in your back or neck. Your doctor will inject medicines to help reduce muscle tension and pain. You may need several injections over a period of time for full relief.

Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Your pain may be reduced for a short time, or in some cases, forever.
- Your range of motion may increase. You may be able to tolerate more exercise.

Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

- **Anaphylactic shock.** You may have a serious allergic reaction to the medicines used in the procedure. In rare cases, death may occur.
- **Bleeding.** Bleeding may occur during or after the biopsy. Tell the doctor if you take blood thinners. These may increase the risk of bleeding.
- **Infection.** Your doctor or physician assistant will clean your skin thoroughly before the procedure. An infection may still happen. You may need antibiotics for this.
- **Nerve damage.** The needle or medicines may injure nerves. This could mean numbness or pain at or near the injection site.
- **Pneumothorax (lung collapse).** Rarely, the needle could puncture the lung cavity. This may cause your lung to collapse or medicine to enter your lung space. This may cause pain and difficulty breathing. This may need more treatment.

Risks Associated with Smoking:

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

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Risks Associated with Obesity:

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You:

Alternative Treatments:

Other choices:

- Medicines may help decrease your pain.
- Physical or occupational therapy may help reduce some of your pain.
- Do nothing. You may decide not to have the procedure.

If You Choose Not to Have this Treatment:

- Your pain may continue.

General Information:

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected

Patient Name: _____

DOB: _____

By signing this form I agree:

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Trigger point injection.**
- **Location(s):** _____
- I understand that my doctor may ask a partner to do the surgery/procedure
- I understand that other doctors, including medical residents or other staff may help with surgery. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. IF so, please obtain consent for blood/product.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

*Interpreter (if applicable)***For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(patient signature)

Validated/Witness: _____ Date: _____ Time: _____