



Affix Patient Label

Patient Name: _____ Date of Birth: _____

This information is given to you so that you can make an informed decision about having **an injection of corticosteroids or viscosupplementation**.

Reason and Purpose of the Procedure:

Viscosupplementation

Viscosupplementation can help people with arthritis that has not responded to basic treatments. It is most helpful if the arthritis is in its early stages (mild to moderate).

Viscosupplementation is an injection of hyaluronic acid into a joint (place where two bones come together). Hyaluronic acid is found naturally in the fluid around joints. It helps bones to move smoothly over each other and is a shock absorber. People with osteoarthritis ("wear-and-tear" arthritis) have a lower concentration of hyaluronic acid in their joints. Viscosupplementation may help those people.

If there is any swelling in the knee, your doctor may remove the extra fluids before injecting the hyaluronic acid. This can usually be done at the same time. You may receive 1 to 5 shots over several weeks.

Corticosteroid Injection/Aspiration

A corticosteroid is a drug that reduces swelling. When swelling is reduced, you may have less pain.

A numbing medicine is often used to reduce pain. Occasionally, fluid may be removed as part of the procedure. The fluid may be sent for testing.

Benefits of this procedure:

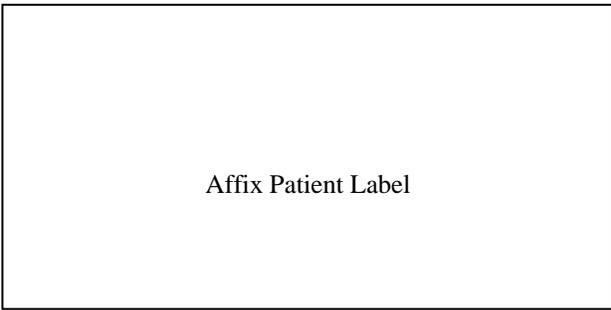
You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Reduced pain
- Improved movement during normal activities
- You may need less pain medicine

Risks of this procedure:

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.

- **Redness/skin discoloration at the injection site.**
- **Bleeding.** You may have a small amount of bleeding from broken blood vessels in the skin or muscle.
- **Infection.** Whenever there is a break in the skin, like when a needle is used to give medications, there is a chance of infection. Your doctor will clean the skin to reduce the risk of infection.
- **Soreness at the injection site.** You may notice pain, warmth, and slight swelling after getting the shot. These symptoms generally do not last long. You may want to use an ice pack to help soreness.



Affix Patient Label

Patient Name: _____ Date of Birth: _____

- **Damage to blood vessels, nerves, and tendons can happen.** Corticosteroid injections can make tendons weak or soft. The number of cortisone injections you can get may be limited to prevent this.
- **Corticosteroid injections can cause flushing of the face.** It lasts a short time.
- **In people who have diabetes, corticosteroids can raise blood sugar.**

Risks specific to you:

If you choose not to have this treatment:

- Your doctor can discuss the alternatives with you.

General Information:

During the procedure the doctor may need to do more tests or treatment.

Fluids 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.

Affix Patient Label

Patient Name: _____ Date of Birth: _____

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: **injection of** Right Left _____.
- I understand that other doctors, including medical residents or other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

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 (if applicable) *Date* *Time*

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
 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: _____ (patient signature)

Validated/Witness: _____ Date: _____ Time: _____