



Affix Patient Label

Patient Name:

Date of Birth:

### Informed Consent: Anesthetic Injection or Corticosteroid Injection

This information is given to you so that you can make an informed decision about having an **anesthetic injection or corticosteroid injection**.

#### Reason and Purpose of this Procedure:

A small needle is introduced into a joint or painful area in your back or hip using an X-ray or CT. Your doctor will inject medicines to help reduce swelling and pain. This procedure may help your doctor find the exact source of your pain.

#### 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.

- Your pain may be reduced, for a short time or in some cases, forever.
- The source of your pain may be found. The procedure may help your doctor direct more treatment.

#### General Risks of Procedures:

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.

- **Bleeding may occur.** If there is too much bleeding, you may need more treatment. Too much bleeding in the epidural space may lead to nerve problems or paralysis.
- **High blood pressure.** High blood pressure may occur in less than 1% of patients. You may be at higher risk if you have a history of high blood pressure.
- **High blood sugar levels.** This is a common response. If you have a history of diabetes or high blood sugars, you may be at higher risk. High blood sugar levels may need treatment by your primary care doctor.
- **Infection.** Infection can occur at the injection site. This may need more treatment

#### Risks of this Procedure:

- **Adrenal suppression.** Adrenal suppression occurs when steroids are used for a long time. Your body may not produce enough hormones. If this is severe, you may need to take medicines every day to replace these hormones.
- **Anaphylactic shock.** You may have a serious allergic reaction to the medications used in the procedure. In rare cases, death may occur.
- **Avascular necrosis (bone death).** Bone death may occur after long-term use of steroids that may reduce blood supply to the bones. This may cause pain, limited range of motion and difficulty walking. This may need more treatment.
- **Heart attack.** The procedure may cause a strain on the heart leading to a heart attack.
- Injury to nerve roots. Injury to the nerve roots may cause leg pain, paralysis in the affected muscle group or loss of feeling in the affected area.
- **Osteoporosis** (weakening of the bones) may occur from long-term use of steroids.
- **Headache.**

#### Common Responses after Injection:

- Diarrhea
- Fatigue (feeling tired)
- Increased agitation or poor sleep
- Redness or flushing of the face or chest for a few days
- Stomach upset

#### Potential Radiation Risks:

- **Any exposure to radiation may cause a slightly higher risk for cancer later in life.** This risk is low.

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- **Skin rashes.** Skin rashes may lead to breakdown of skin and possibly severe sores. This is rare.
- **Hair loss.** This does not happen to everyone. This can be temporary or permanent.
- **It is possible we may have to use higher doses of radiation.** If we do, we will tell you.
- **If you see changes with your skin, you should report them to your doctor.**

**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.

**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:**

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**Alternative Treatments:**

Other choices:

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

**If you Choose not to have this Treatment:**

- Your pain may continue.
- The source of your pain may not be found.

**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 salespeople, and other staff may be present during the procedure. My doctor will supervise them.

Pictures and videos may be taken during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

