



Affix Patient Label

Patient Name:

Date of Birth:

Informed Consent: Discogram

This information is given to you so that you can make an informed decision about having a **discogram**.

Reason and Purpose of this Procedure:

Determine if your pain is due to degenerative disc disease.

Discograms are performed on some patients with chronic back pain sometimes associated with buttock, hip, or leg pain. Most patients getting discograms are possible candidates for spine surgery and have had pain for at least 3 months. They have pain that is making it difficult to work or carry out activities of daily living.

The **discogram** is done to see if some or all of your pain is coming from degenerative disc disease and which discs are causing your pain. In some patients your doctor is trying to decide if your pain would improve if you had spine fusion surgery. In other cases it is to decide what levels should be fused.

Discs are located between the vertebrae and act like a shock absorber. As people age, the discs undergo degeneration. This is a normal part of aging. For some patients this is painful and in others it is not. Pain from a degenerated disc is called degenerative disc disease. In some patients the pain will be improved or go away after surgery.

The radiologist will use X-ray fluoroscopy to guide placement of a needle into one or more disc spaces. The skin on your back will be cleaned with antiseptic and sterile drapes will be placed. The nurse may give you some relaxing medicine through an IV line. The procedure will take 30 – 60 minutes. The needle will enter the skin a few inches from the center of your back so that it does not go into the spinal canal.

Local anesthetic will be injected using a very small needle to numb the skin and the soft tissue under the skin to the edge of the disc to a depth of several inches. After numbing up the discogram site, a small needle will be placed from the skin into the disc. Some X-ray dye will be injected into the disc space. X-ray dye is used because your doctor can see it and monitor where the injection is going.

When the injection is done you should report if it hurts and where it hurts. The severity and location of the pain will be included in the report to your doctor. An injection in a normal disc usually does not hurt very much or at all. An injection in a degenerated disc often hurts and in some cases is very painful. You may be given some intravenous pain medicine when the injections are finished.

After the injections are done, some X-ray pictures of the spine will be done in the procedure room. You may get a CT scan right after the procedure. You can be discharged an hour after the procedure is done.

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.

- Determine if you are likely to improve with spine fusion surgery.
- Determine what levels to fuse.
- Avoid unnecessary surgery.

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.

- **Bleeding.**
- **Infection** can occur in the disc space. This is uncommon. It usually occurs within a few weeks of the procedure. It causes worse back pain. These infections have to be treated with intravenous antibiotics, often for 6 weeks. Infection could spread into the spinal canal and could require surgery. This is extremely rare.
- **Make pain worse.** Most patients have worse pain for a few days after the procedure. Some patients have worse pain for weeks or months after the procedure. This pain may be treated with pain medicine or surgery.
- **May increase risk of degenerative disc disease years later.**
- **May make a disc herniation worse or cause a new herniation.** This could require surgery.

- **Complications from sedation medicine** include low blood pressure and breathing problems including slow breathing and choking on vomit (aspiration). If you are sedated you will be monitored by a nurse and given oxygen to breathe.
- **Injury to a nerve could cause numbness or weakness in your leg.**
- **Needle puncture of the spinal canal could cause a spinal headache.**

Potential Radiation Risks:

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

Alternative Treatments:

Other choices:

- Pain medicine.
- Physical therapy.
- Do nothing. You can decide not to have the procedure.
- _____

If you Choose not to have this Treatment:

- Your surgeon may not be able to decide if you would improve with surgery.
- Your doctor may find it more difficult to treat your pain.
- _____

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.

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.



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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: **Discogram | Location:** _____

- I understand that my doctor may ask a partner to do the procedure.
- 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.

Provider: This patient may require a type and screen or type and cross prior to procedure. If so, please obtain consent for blood/products.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Reason patient is unable to sign: _____

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

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

Telephone Consent ONLY: *(One witness signature MUST be from a registered nurse (RN) or provider)*
 1st Witness Signature: _____ 2nd Witness Signature: _____ 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: _____ Date: _____ Time: _____
(Patient signature)
 Validated/Witness: _____ Date: _____ Time: _____