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|---------------------|----------------|
| Affix Patient Label |                |
| Patient Name:       | Date of Birth: |

**Informed Consent: IR Procedure without Sedation**

This information is given to you so that you can make an informed decision about having

**Image Guided Radiology Procedure:** \_\_\_\_\_

Body Location: \_\_\_\_\_

**Reason and Purpose of the Procedure**

The provider will use ultrasound, computer tomography (CT), or X-ray to guide placement of needles or catheters to perform this procedure. Your procedure involves the use of x-rays for imaging during the procedure and documenting the results.

Medicine to numb the area that will be injected if needed.

**Benefits of this procedure**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 provider cannot expect.

**General Risks Procedures**

- **Bleeding.** In rare cases this could require a blood transfusion or an emergency procedure to stop bleeding.
- **Infection.** Can occur in the skin, soft tissue under the skin, or internally. You may need antibiotics.
- **Injury to body structures or organs at or near the procedure site.** This could require some additional treatment.

**Potential Radiation Risks to You Include**

- **Any exposure to radiation may cause a slightly higher risk for cancer later in life.** This risk is low.
- **Skin rashes.** Very rarely, skin rashes may lead to tissue breakdown and possibly severe ulcers.
- **Hair loss.** The chance of this happening depends on each individual. This does not happen to everyone. This can be temporary or permanent.
- **You or your family will be advised if we used much higher amounts of radiation during the procedure.**
- **If you see changes with your skin you should report them to your provider.**

**Risks specific to you**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

**Alternative Treatments:**

Other choices:

- Do nothing. You can decide to not have the procedure done.
- \_\_\_\_\_

**If you choose not to have this treatment:**

- Your recovery may take longer.
- You might not recover.
- You might need surgery that could be avoided if you had the procedure.

**General Information:**

During this procedure, the provider may need to perform more or different procedures than I agreed to.

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

Small tissue samples might be removed. They could be kept for research or teaching. I agree the hospital may discard the tissues in a proper way.

Students, technical sales people and other staff may be present during the procedure. My provider will supervise them.

Radiology images will be obtained. They will be part of my medical record. These may be published for teaching purposes. My identity will be protected.

