

Informed Consent for Procedure

In compliance with NRS 41A.110

You have a pain problem which has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. There is **no guarantee** that this procedure will cure your pain, and in rare cases, it could become worse, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Please notify the Physician immediately if you are taking any blood thinners such as Coumadin, Lovenox, Heparin, Aspirin, or Plavix as these medications can cause excessive bleeding.

Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc.

Benefits include increased likelihood of correct diagnosis and/or decrease and/or elimination of your pain.

Risks include infection, bleeding, allergic reaction, increased pain; nerve damage involving temporary or permanent pain, numbness, weakness, paralysis or death; air in lung requiring chest tube; tissue, bone or eye damage from steroids. Nerve destruction with phenol, Botox, alcohol, or radiofrequency energy has risks of nerve and tissue damage. The incidence of serious complications listed above requiring treatment is very low (less than 1% in our experience). Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done.

Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):

_____ Epidural, Facet Joint, Medial Branch Nerve, Sacroiliac Joint, Selective Nerve Root or Lumbar Sympathetic Injection/Block/Ablation: Low blood pressure, temporary weak/numb arm or leg, headache requiring epidural blood patch.

_____ Epidural or Spinal Opioid Injection: Itching, nausea, urinary difficulty, slowed breathing.

_____ Discogram, Intradiscal Steroid Injection, Nucleoplasty or IntraDiscal ElectroThermal Therapy (IDET): Infection or discitis.

_____ Stellate Ganglion Block/Ablation: Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, air in lung.

_____ Trigger Point Injection, Peripheral Nerve-Neuroma Block, Occipital Nerve Block, Intercostal Nerve Block /Ablation: Air in lung requiring chest tube in a hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin.

_____ Celiac or Superior Hypogastric Plexus Block/Ablation: Low blood pressure, internal vessel/organ puncture requiring emergency surgical treatment to repair it; temporary or permanent bowel, bladder, or sexual dysfunction.

_____ Spinal Cord Stimulator Im/explant, Spinal Infusion Pump Im/explant or Refill, Epidural or Spinal Catheter Im/explantation: Infection requiring hospitalization and removal of stimulator, catheter or pump; meningitis, nerve damage.

_____ Percutaneous Lysis of Epidural Adhesions: Nerve damage, meningitis, dural puncture, eye hemorrhage.

_____ Myobloc (Botulinum Toxin) Injection: Nerve or tissue damage, prolonged neuromuscular weakness.

_____ Percutaneous Neuromodulation Therapy (PNT): Infection, tissue or nerve damage, air in lung.

I hereby authorize and direct the above referenced Physician and designated assistants as may be selected by the Physician to perform the stated procedure above on this day. Your signature on this form indicates that you have read and understood the information provided with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The Alternatives, Benefits, and Risks have been adequately explained to my satisfaction with all my questions answered. I accept these conditions and authorize and consent to this procedure with no warranty or guarantee has been made as to the outcome. *I further acknowledge that LGSD does not honor advanced directives and that I will be resuscitated with all available means in case of a medical emergency.*