

Patient's Request for Treatment – Spinal Injections with Steroid medication

I(Patient full Name),
 my Date of Birth is, and I reside at the following address

I am aware and understand **that different treatment options are available** as mentioned in the table below. I understand not all options may be appropriate for me and many factors could influence the choice of treatment. I am also aware that the quality of available evidence to support each option is varied.

1	No treatment / Take no action
2	Pharmacological interventions / Medication such as - Anti-inflammatory drugs (NSAIDs); Weak opioids like codeine (with or without paracetamol); Opioids (tramadol, Morphine derivatives, etc); tricyclic antidepressants (Amitriptyline); Anticonvulsants (Gabapentin, Pregabalin); Topical ointments; Transdermal (skin) Patch; Others
3	Non-invasive interventions such as -Self-management, Exercise; Manual therapies – traction, manual therapy (spinal manipulation, massage, etc.); Electrotherapies – ultrasound, PENS, TENS, interferential therapy; Alternative Medicine – Acupuncture, etc.; Psychological therapy; Combined physical & psychological programmes; Others
4	Invasive Non-surgical interventions such as - Spinal injections, Radiofrequency denervation, Others
5	Invasive Surgical interventions such as - Spinal decompression, Spinal fusion, Disc replacement, Others

As per my entitlement to treatment, I REQUEST THE TREATMENT(S) AS DETAILED ON THIS FORM.

Name of the proposed procedure(s) (in patient own words)

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The procedure has been explained to me, with the help of the following: (circle all relevant) Verbal / Bone Models / Illustrations / Printed information sheet version Dated I had been advised to obtain further information from Website and other online resources.

I have signed an informed consent form for this procedure dated and received a copy.

I am aware and understand the following “intended benefits” and “the various type of risks” associated with this treatment / procedure and have ticked the respective boxes to confirm this. I have been given the benefit and risk document (Version.....) with more details.

Intended Benefits	
	To reduce pain - (Right & Left sided - Radicular pain to hand, forearm & arm / Referred pain to Shoulder blade & Shoulder area / Neck Pain) ➤ Cannot guarantee the amount or the duration of the pain relief. ➤ Average Pain relief - Could vary from 30% to 90%; Vary between patients and different episode of injection. ➤ 1/3 rd have Long-term pain relief, 1/3 rd get Short Term pain relief for 2 to 12 months, 1/3 rd get pain relief < than 6 weeks or No Pain relief.
	To diagnosis the source of the pain such as the level of the nerve root compression

	I Understand the Steroid medication usage for Spinal Injection is an Off-Label use. Off-label use meaning - use of an approved product in a scenario that is not included or is disclaimed in the product information. Examples include use for a different indication, in a different patient age range-group, different dose or <u>different route of administration</u> to that which is approved by authorities.
	I understand the recovery from injection, return to employment and ability to carry out various activities tends to vary due to different factors.

<u>Common or Frequently occurring Risks -</u>	
	Pain, Discomfort & Pressure sensation during the Procedure under Local Anaesthesia. (Procedure duration is approximately 15 to 30 minutes)
	Pain at the injection site; Neckache or Stiffness / Headache Pain may increase for few days following the procedure. Vasovagal reaction / dizziness
	Transient neurologic deficits due to nerve block from local anaesthesia used or irritation or minor injury to the nerve roots resulting in aggravated pain, tingling, numbness, or weakness of the arm / forearm / hand / fingers (can last 6 hours to 24 hours in most cases).
	Failure to improve the Upper limb or Neck or Occiput pain as anticipated; Duration of Pain relief was temporary or of short duration.
	If you are sedated, there could be some side effects such as nausea, vomiting & drowsiness.
<u>Rare or Occasionally occurring Risks -</u>	
	Side effects of Steroid injection (1 to 2%) <ul style="list-style-type: none"> ➤ "Steroid flush" (red flushing of the face & chest) (1 to 2%); An increase in warmth or temperature for a few days. (Common) ➤ Sleep disturbance & Anxiety; Feeling Hyperactive or Tired (for few days) (Common) ➤ Increase in blood sugar in patients with diabetes (needs effective sugar control & regular monitoring of blood sugar for at least 4 to 6 weeks after injection) ➤ Possible reduction in immune system for a few weeks, leading to increased susceptibility to infection. To Avoid exposure to infection & travelling to countries where infection risk is high for 5 weeks post injection. During the Corona Virus Pandemic, we need to take extra precautions as it can result in increased vulnerability to this virus infection. The severity of the infection could become dangerous with serious consequences as explained in Covid Informed Consent (if you contract it or if you are having the infection). ➤ Menstrual cycle changes or increase Menstrual bleeding (in women); Water retention.
	Puncture to spinal membrane causing spinal fluid leak & Headache for a few weeks
	Permanent Damage to Nerves – Mild or Severe (<0.05) - resulting in numbness & weakness of both Arm / Forearms, Hands / Fingers; Bleeding (very rare) which could cause Nerve or Spinal cord damage increase the risk of numbness, weakness and paralysis.
	Allergy to the medications, preservative & the contrast (dye) used.
<u>Very Rare & Serious Risks</u>	
	Blood clots in leg (deep vein thrombosis about <0.1%) & dislodging to the lung (pulmonary embolism).
	Permanent Damage to Spinal Cord (< 1 in 100,000) - resulting in numbness & weakness of all 4 limbs, truck, bowel & bladder (paraplegia) (unlikely with Dexamethasone steroid used)
	Infection (0.01 %) (redness & excessive swelling at the injection site, Fever & Chills, Drainage)
	Necrosis of the femoral head of hip joint; Fluid collection under the retina of the eye – Visual Disturbance
	Damage to Blood Vessels to the Brain – resulting in Brain damage / Stroke; Transient amnesia.
	Death (Extremely rare). Currently the risk could be higher with Covid-19 Pandemic .

I have had the opportunity to discuss all the relevant information with the doctors. I have reflected on the possible benefits and risks. I have been given clarification as requested. I need no further explanations and have no further questions. **I am happy to proceed with the proposed Procedure at my request, understanding these risks and benefits.**

Patient's Signature :	Doctor's Signature :
Name :	Name : Raman Kalyan
Date :	Date :