

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 – LEG PAIN / Referred Pain / Back Pain - (Right side OR Left Side OR Both Sides) ➤ Cannot guarantee to the amount of the pain relief or duration of the pain relief. ➤ Average Pain relief - Could vary from 30% to 90%; Varies between patients and with the different episodes of injection in the same patient. ➤ 1/3 rd of Patient could have Long-term pain relief; 1/3 rd could have Short Term pain relief for 2 to 12 months; 1/3 rd could have pain relief < less than 6 weeks or No Pain relief.
	To diagnosis the source of the pain, eg. the level of the nerve root compression or the structure of origin

	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.

Common or Frequently occurring Risks -	
	Pain, Discomfort & Pressure sensation during the Procedure under Local Anaesthesia. (Procedure duration is approximately 15 to 30 minutes)
	Pain at the injection site; Back soreness or stiffness. Pain may increase for few days following the procedure.
	Transient numbness or weakness due to local anaesthesia, which resolves in a few hours (can last 6 hours to 12 hours in most cases).
	Failure to improve leg or back pain as anticipated; Pain relief is temporary or short in duration.
	If you have sedation anaesthesia, there could be some side effects such as nausea, vomiting & drowsiness.
Rare or Occasionally occurring Risks -	
	Side effects of Steroid injection (1 to 3%) <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). ➤ Suppression of the body's ability to make its own corticosteroids when individuals are taking certain medications ➤ Menstrual cycle changes or increase Menstrual bleeding (in women); Water retention.
	Puncture to spinal membrane causing spinal fluid leak & Headache for a few weeks
	Mild Paralysis (Damage to Nerve resulting in permanent numbness & weakness of one or both legs (<0.5%); Bleeding (very rare) causing Nerve root compression and paralysis
	Allergy to the medications, preservative & the contrast (dye) used. The side effects of contrast are increased in patients with renal impairment. (Rare)
Very Rare & Serious Risks	
	Blood clots in leg (deep vein thrombosis about <0.1%) & dislodging to the lung (pulmonary embolism).
	Severe Paralysis (Severe Damage to Nerve resulting in permanent numbness & weakness of one or both legs and very rarely of the bowel and bladder (paraplegia, reported risk is about 1 in 100,000)
	Infection (0.1 – 0.3 %) (redness & excessive swelling at the injection site, Fever & Chills, Drainage)
	Necrosis of the femoral head of hip joint (very rare)
	Fluid collection / Oedema under the retina of the eye (Central serous retinopathy) (Very rare)
	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 :