

**Patient’s Request for Treatment – Medial Branch Block of facet joints for Lumbar & Thoracic Spine**

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.

<b>1</b>	<b>No treatment / Take no action</b>
<b>2</b>	<b>Pharmacological interventions / Medication such as</b> - 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
<b>3</b>	<b>Non-invasive interventions such as -Self-management, Exercise; Manual therapies</b> – traction, manual therapy (spinal manipulation, massage, etc.); <b>Electrotherapies</b> – ultrasound, PENS, TENS, interferential therapy; <b>Alternative Medicine</b> – Acupuncture, etc.; <b>Psychological therapy; Combined physical &amp; psychological programmes; Others</b>
<b>4</b>	<b>Invasive Non-surgical interventions such as - Spinal injections, <u>Medial Branch Block (Diagnostic) to assess suitability for Radiofrequency denervation treatment</u>, Radiofrequency denervation, Others</b>
<b>5</b>	<b>Invasive Surgical interventions such as - Spinal decompression, Spinal fusion, Disc replacement, Others</b>

**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)

.....  
 .....

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.

<u>Intended Benefits</u>	
<input type="checkbox"/>	➤ <b>DIAGNOSTIC INJECTION - to investigate, if the source of pain is from facet joints &amp; other structures innervated by the Medial branch nerves that are blocked with injection.</b>
<input type="checkbox"/>	➤ <b>PAIN RELIEF INTENDED TO BE TEMPORARY FOR FEW HOURS (2 to 6 hours) in most cases.</b>
<input type="checkbox"/>	➤ <b>Following the block, if there is good percentage of relief of pain symptoms, further treatment option of Rhizolysis (Heat denervation procedure) could be considered.</b>

	I understand the recovery from injection, return to employment and ability to carry out various activities tends to vary due to different factors.
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<b><u>Common or Frequently occurring Risks -</u></b>	
	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 (Local area, Trunk, Lower limbs) or weakness (Lower limbs) due to local anaesthesia, which resolves in a few hours (can last 6 hours to 12 hours in most cases).
	Failure to improve the back and referred pain as anticipated.
<b><u>Rare or Occasionally occurring Risks -</u></b>	
	Mild Paralysis (Damage to Nerve resulting in permanent numbness & weakness of one or both legs (<0.1%); Bleeding (very rare) causing Nerve root compression and paralysis
	Allergy to the medications, preservative & the contrast (dye) used.
	If you are sedated for the procedure, there could be some side effects such as nausea, vomiting & drowsiness.
<b><u>Very Rare &amp; Serious Risks</u></b>	
	Infection (0.1 – 0.2 %) (redness & excessive swelling at the injection site, Fever & Chills, Drainage)
	Blood clots in leg (deep vein thrombosis about <0.05%) & 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, possibility 1 in 1000,000)
	Death (Extremely rare). Currently the risk could be <b>higher with Covid-19 Pandemic</b> .

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 : <b>Raman Kalyan</b>
Date :	Date :