

Patient’s Request for Treatment – Hip 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; Electrotherapies – ultrasound, interferential therapy; Alternative Medicine – Acupuncture, etc.; Psychological therapy; Combined physical & psychological programmes; Others
4	Invasive Non-surgical interventions such as – Steroid injections, Others
5	Invasive Surgical interventions – Not a common option

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 / Others..... 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.

<u>Intended Benefits</u>	
	To reduce Pain – Hip Pain / Referred 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.
	Diagnostic of Pain source

	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; Soreness or Stiffness. Pain may increase for few days following the procedure.
	Transient numbness due to local anaesthesia, which resolves in a few hours (can last 6 hours to 12 hours in most cases).
	Failure to improve the pain as anticipated; Pain relief is temporary or short in duration.
	If you are sedated for the procedure, 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 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.
	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).
	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 :