

**Patient's Request for Treatment – Rhizolysis (Radiofrequency denervation of Facet Joints)**

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, Rhizolysis / 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.

<b>Please Tick all boxes below to agree</b>	
<b>Intended Benefits</b>	
<input type="checkbox"/>	➤ Partial pain relief (about 60%) - of back pain and referred pain (on side of the procedure);
<input type="checkbox"/>	➤ Duration of pain relief could vary from 6 to 18 months;
<input type="checkbox"/>	➤ The amount and the duration of pain relief cannot be guaranteed

<input type="checkbox"/>	I understand the recovery from injection, return to employment and ability to carry out various activities tends to vary due to different factors.
<input type="checkbox"/>	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 different route of administration to that which is approved by authorities.

<b>Common or Frequently occurring Risks -</b>	
	Pain, Discomfort & Pressure sensation during the Procedure. (Procedure duration is approximately 30 minutes)
	Pain at the procedure site; Back soreness or stiffness.
	Increase in Pain – for few days or weeks (Common), rarely longer
	Side effects of Sedation - such as nausea, vomiting & drowsiness.
	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 the pain as anticipated; Pain relief is temporary or short in duration.
<b>Rare or Occasionally occurring Risks -</b>	
	Skin irritation / numbness / hypersensitivity (1%)
	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
	Neuropathic Sciatic Pain (0.3%) due to nerve irritation or damage
	Allergy to the medications, preservative & the contrast (dye) used.
<b>Very Rare &amp; Serious Risks</b>	
	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)
	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)
	Death (Extremely rare). Currently the risk could be <b>higher with Covid-19 Pandemic</b> .

<b>Side effects of Steroid injection</b>	
	Side effects of Steroid injection (if used in addition) (1 to 3%) <ul style="list-style-type: none"> <li>➤ "Steroid flush" (red flushing of the face &amp; chest) (1 to 2%); An increase in warmth or temperature for a few days. (Common)</li> <li>➤ Sleep disturbance &amp; Anxiety; Feeling Hyperactive or Tired (for few days) (Common)</li> <li>➤ Increase in blood sugar in patients with diabetes (needs effective sugar control &amp; regular monitoring of blood sugar for at least 4 to 6 weeks after injection)</li> <li>➤ Possible reduction in immune system for a few weeks, leading to increased susceptibility to infection. To Avoid exposure to infection &amp; travelling to countries where infection risk is high for 5 weeks post injection. <b>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).</b></li> <li>➤ Menstrual cycle changes or increase Menstrual bleeding (in women); Water retention.</li> </ul>

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 :