

# Carolina Pain Management

*A Division of Carolina Neurosurgery, P.A.*

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## Informed Consent for Injection Procedures

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approximate Date(s) of Procedure(s): \_\_\_\_\_

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You are scheduled to receive an injection by Dr. Bartko or his associate on or near the above date(s). The purpose of this injection is to relieve pain and/or assist in diagnosing the source of your pain. This procedure almost always utilizes fluoroscopy (x-ray guidance) to place a needle near the area of your pain and injecting one or more of the following substances: anesthetic (a numbing agent), contrast material (to confirm needle location with fluoroscopy), corticosteroid (anti-inflammatory medication), saline (water) and/or other agents. While the above agents/medications have been in use for many years and are considered safe, persons may respond differently, and on rare occasions can have unpredictable reactions or side effects as listed below. If this occurs, patients may require resuscitative support measures including but not limited to things such as IV medications, assisted or artificial ventilation, CPR, cardioversion, etc., as Dr Bartko or associate considers necessary and advisable in his professional judgment arising from presently unforeseen conditions or complications. Your signature on this form specifically authorizes the use of the above agents/medications and resuscitative/support measures as needed.

Possible side effects of the medication, agents, and procedures may include, but are not limited to the following: headache, flushing, low grade fever, temporary decrease in blood pressure, dizziness, fainting, anxiety, mood swings, insomnia, confusion, euphoria, blurred vision, tremor, tingling, numbness, weakness, difficulty urinating or defecating, incontinence, drowsiness, ringing in the ears, elevated blood sugar, elevated blood pressure (more common in patients with diabetes or hypertension), nausea, vomiting, rash, itching, swelling, abdominal pain, worsening of reflux and stomach ulcers, worsening of Crohn's disease and ulcerative colitis, worsening of osteoporosis,, worsening of congestive heart failure, menstrual irregularities, transient worsening of depression, loss of skin pigment and atrophy at needle insertion site, infection or worsening of preexisting infection, worsening of kidney function in those with kidney problems such as renal insufficiency, loss of coordination, strength, sensation and mobility which would interfere with self-care (which would be detrimental to walking, driving, etc.), which would require you to arrange for assistance as needed. If you need assistance, it is your responsibility to arrange it, and you should not drive until you are fully independent. If any of the above mentioned side effects occur, they are usually temporary or short-lived, but may be persistent. Patients may also experience a temporary increase in pain or discomfort with may be from either the needle stick itself, or from the injected medication or contrast. This often resolves in 1-5 days, but may persist. A small minority of patients (even without the recognized complications discussed) may perceive increased pain that persists without a good explanation or reason. In Dr. Bartko's experience, this is more likely (but still uncommon) to occur in persons with chronic pain before the injection.

Possible complications which may arise in very rare instances, include but are not limited to nerve and spinal cord damage with numbness, weakness, problems with bowel or bladder function, brain damage, seizures, blood clot or bleeding, infection, pneumothorax or lung deflation, loss of function, joint damage including avascular necrosis, scarring around spinal cord, meningitis, skin healing problems at injection site, or loss of life. In addition to the above, complications include but are not limited to disc space infection and bowel perforation for a **discogram**, esophageal or tracheal (windpipe) puncture for a **stellate ganglion block**, and for **RF neurotomy**, nerve damage with numbness, weakness, nerve pain, and a sense of unsteadiness or diminished sense of balance when done on upper neck. Also, with RF neurotomy itching, burning, sensitivity of the skin on the back or neck which will usually subside in 4-6 weeks, and local back or neck soreness which usually resolves in 1-2 weeks but may persist longer.

Additional procedures (such as surgery for blood clots, bleeding or infection, oxygen/chest tube in the case of pneumothorax, or biopsy/surgery for disc space infection) may be required in very rare instances. Dural puncture that can give headache may require a blood patch injection.

Medical clearance from your primary care physician or other specialist is strongly encouraged and may be required for patients with underlying medical conditions such as heart and vascular disease, stroke, diabetes, blood clots, etc. Medications (such as coumadin, aspirin, plavix and others) to treat those conditions may need to be stopped. If your primary care physician allows you to temporarily stop taking medications that treat those conditions, you may be at risk for increased problems related to that medical condition.

**Your signature indicates that you understand the following as well as the above.**

Dr. Bartko or his associate has discussed with me and explained the following in terms I can understand, and I have had time to ask questions and receive more information: my diagnosis & condition, purpose, nature, and alternatives to the procedure; risk of complications, side effects, unforeseen complications as listed above and the probability thereof; risk of not having the procedure and associated prognosis if it can be given; probability of benefit on average from procedure. I understand that it may have no benefit or that the benefit may be temporary.

I disclosed my health history accurately on the history form. I consent to sharing this information with the health care facility where the injection will be done, my referring doctor, and insurers for the purpose of payment. I agree to the sharing of information I voluntarily disclose on diseases including but not limited to HIV, AIDS, hepatitis, and my history of drug, alcohol or substance abuse if any.

I am not pregnant. I understand that there is a risk to the fetus if I undergo the injection and with the use of fluoroscopy if I do not know I am pregnant. If I am unsure about possible pregnancy, I will see a doctor to confirm that I am not pregnant before proceeding.

I have received and reviewed the pre-procedure instruction sheet. It was thoroughly explained to me, and I agree to follow all instructions. I will immediately alert Dr Bartko prior to the procedure if my health status changes or there are any changes in my prescribed medication from any physician.

In the event of accidental exposure of my blood or body fluids to physician or staff, I consent to blood testing for HIV and hepatitis.

I agree that other doctors, medical students, physician assistants, nurses and other health care workers may observe and participate on performing the procedure as selected and supervised by Dr Bartko. X-ray pictures may be kept and used for medical teaching purposes but my name and identity will not be disclosed.

I understand that I have the right to refuse this injection or to change my mind. If I decide not to proceed with the injection, I will notify Dr. Bartko immediately and cancel my appointment.

I, being of sound mind, consent to the procedure and acknowledge all statements above. I agree that this consent form shall be valid for any date this procedure is scheduled.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(I am authorized to provide consent for the patient because patient is \_\_\_\_\_ a minor; or \_\_\_\_\_ unable to consent because of: \_\_\_\_\_). My relationship to the patient is: \_\_\_\_\_. I have read the form in its entirety and have discussed with Dr. Bartko)

Interpreter signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(I am fluent in English and in the patient's language. I have explained all of the above to the patient and the patient understands.)

MD signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

