



**Dr. Mark Allen LeDoux**  
**Dr. Nathan S. Walters**

## **Informed Consent for Procedure**

You have a pain problem that has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. There is **no guarantee** that a procedure will cure your pain, and in rare cases, it could become worse. The degree and duration of pain relief varies from person to person, so, after your procedure, we will re-evaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below. Tell the physician if you are taking any blood thinners, such as *Coumadin (warfarin)*, *Plavix (clopidogrel)*, *Ticlid (ticlopidine)*, *Lovenox*, or *Heparin*, as these can cause excessive bleeding and a procedure should not be performed. Tell your physician if you are experiencing fever, cold or flu symptoms, or any infections, prior to your procedure.

Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc. Benefits include increased likelihood of correct diagnosis and/or decrease or elimination of your pain. Risks include infection, bleeding, bruising, allergic reaction, increased pain, nerve damage involving temporary or permanent pain/numbness or weakness.

### **Specific risks pertaining to each specific procedure are as follows (patient to initial line of procedure):**

- \_\_\_\_\_ Epidural, Facet Joint, Medial Branch Nerve, Sacroiliac Joint, Selective Nerve Root, Lumbar Sympathetic Injection/Block/Ablation/ Radiofrequency --- Infection, low blood pressure, weakness or numbness of arm or leg, headache requiring epidural blood patch and very rarely paralysis.
- \_\_\_\_\_ Epidural or Spinal Opioid Injection --- Itching, nausea, urinary difficulty, slowed breathing, headache requiring blood patch, rare paralysis or nerve injury.
- \_\_\_\_\_ Stellate Ganglion Block/Ablation --- Hoarseness, difficulty swallowing, seizure, weak and/or numb arm, puncture to lung requiring chest tube placement, shortness of breath or hematoma (large burise).
- \_\_\_\_\_ Trigger Point Injection, Occipital Nerve Block, Peripheral Nerve-Neuroma block, Intercostal Nerve Block ---Puncture to lung requiring chest tube placement, shortness of breath or hematoma (large bruise).
- \_\_\_\_\_ Spinal Cord Stimulator Implant/Explant, Spinal Infusion Pump Implant/Explant or Refill, Epidural or Spinal catheter Implant/Explant --- Infection requiring hospitalization and removal of stimulator, catheter or pump, meningitis, nerve damage and very rarely paralysis.

I consent to the above radiological procedure. I understand that if I am pregnant or could be pregnant and in that regard have been informed of the risks, including potential adverse effects to me and/or my embryo fetus and benefits associated with this x-ray procedure during pregnancy.

The incidence of serious complications listed above requiring treatment is very low. Your physician believes the benefits of the above procedure outweigh its risks and it is your decision and right to accept or decline to have the procedure done.

Patient/Legal Guardian's Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interventional Spine & Pain

**Dr. Mark Allen LeDoux**  
**Dr. Nathan S. Walters**

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I authorize Dr. \_\_\_\_\_ and such assistants as may be selected by him/her to perform the following procedure:

\_\_\_\_\_.

I certify this form has been fully explained to me, that I have read it or have had it read to me, and that I understand its contents. I understand there are risks involved with this procedure, to include rare complications, even death, which may not have been specifically mentioned above. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

\_\_\_\_\_

Signature of Patient

Signature of Witness

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
(phone consent requires two witnesses)

Where patient is incapable of signing and another person signs in his/her stead, fill in the following information:

***State why patient is not able to give consent personally or unable to sign this form.***

Explain:

Minor \_\_\_ Unconscious \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Other Legally Responsible Signature

Relationship to Patient

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness