

## Informed Consent for Procedures

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

I, \_\_\_\_\_, understand that I am to have a

\_\_\_\_\_

I have been told about my choices for treatment of my

\_\_\_\_\_

I understand that this procedure may fail to relieve the pain or may even worsen the pain. I also understand that there are serious side effects that may occur as a result of this procedure. I understand that there is no way to test or predict as to who might have a side effect and that side effects may be temporary or permanent. A common side effect is localized pain at the site of injection. Other side effects are rare, but can occur. Amongst these are allergic reactions, infection, bleeding and blood clot formation, nerve damage including paralysis or even death. Injections around the lung can cause a collapsed lung (pneumothorax).

If a pump is being implanted, I understand that it is possible to develop post-operative headaches. I understand the risk of granuloma formation at the intrathecal catheter tip. I understand that the treatment for granuloma formation is abruptly stopping the pump and that could lead to withdrawal.

If a pump is being refilled, I understand that it is possible that the medication might not be injected into the reservoir as desired, but could be injected into the tissue surrounding the pump (subcutaneous injection) or into the port on the side of the pump that attaches to the catheter (sideport injection) and that either event could be life threatening.

I understand that botulinum toxin (Botox<sup>®</sup> or Myobloc<sup>®</sup>) may cause local weakness of the injected muscles, difficulty speaking or associated upper respiratory infection.

I understand the risks described above and have had all my questions answered to my satisfaction.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Guardian (If participant is a minor) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Provider \_\_\_\_\_

Date \_\_\_\_\_

Rvvd 05/09/08