

Patient Consent for Trigger Point Injections



DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

Name: _____ Date of Birth: _____

Physician: **Dr. Amit Bhandarkar**

The planned procedure _____

Diagnosis: _____

Trigger Point Injections (TPI) are used to treat extremely painful and tender areas of muscle. Normal muscle contracts and relaxes when it is active. A trigger point is a discrete knot or tight, ropy band of muscle that forms when muscles fail to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (jump sign). Trigger points may irritate the nerves around them and cause referred pain, or pain felt in another part of the body.

Procedure

A small needle is inserted into the trigger point and a local anesthetic (e.g. lidocaine, procaine, bupivacaine) or anti-inflammatory may be injected. Insertion of the needle inactivates the trigger point and thus alleviates pain. Several sites may be injected in one visit. Additional treatment may be needed to achieve sustained relief.

Expected outcomes

I understand and accept the anticipated outcomes:

- Increased circulation to the muscles
- Increased exercise tolerance
- Increased pain threshold at the trigger point
- Increased range of passive and active motion
- Pain reductions
- Multiple sessions necessary
- Temporary increased muscle spasm
- Temporary injection and post-injection pain

Risks/Complications

I understand and accept that there are potential complications, including remote risk of death or serious disability that exists with any surgical procedure. I understand that, even though most of the time, trigger point injections are performed safely and with minimal side effects, some risks do exist. These risks include but are not limited to:

- General disappointment
- Infection

- Needle Breakage
- Numbness
- Trauma to nerves
- Pneumothorax (lung collapse) with chest wall injections
- Vasovagal reaction (fainting)
- Soft tissue swelling, bruising or hematoma formation

I have informed the physician of all my known allergies. I have informed the physician of all medications I am currently taking, including prescription drugs, over the counter remedies, herbal therapies or supplements, and ant recreation or alcohol use. I have been advising whether I should avoid taking any or all of these medications on the day surrounding the procedure. I have been informed of what to expect in the post-injection period, including but not limited to: estimated recovery time, anticipated activity level and the possibility of additional procedures.

I certify that I have read and understand this treatment agreement and that all blanks were completed prior to my signature.

I authorize and direct Dr. Amit Bhandarkar to perform the procedure of trigger point injection. I further authorize the physician and assistants to perform any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

I certify that my physician has explained the nature, purpose, benefits, risks, complications and alternatives to the proposed procedure. I have been given the opportunity to ask questions and have been given answers which are understandable to me in layman's terms.

Patient (legal representative) signature: _____ Date _____

Printed name of legal representative: _____

Witness signature: _____ Date: _____