



Queensland  
Government

# Joint Injection/Nerve Root Injection/Hydrodilatation (Image-Guided) Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Does the patient have capacity to provide consent?

### Complete for ADULT patient only

- Yes → **GO TO section B**  
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

### Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – ‘Gillick competence’ (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112)  
→ **GO TO section B**
- No Parent/legal guardian/other person\* with parental rights and responsibilities to provide consent and complete this form  
→ **COMPLETE section A**

\*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health ‘Guide to Informed Decision-making in Health Care’ and local policy and procedures. Complete the source of decision-making authority as applicable below.

If applicable, source of decision-making authority (*tick one*):

- Court order →  Court order verified  
 Legal guardian →  Documentation verified  
 Other person →  Documentation verified

Name of parent/legal guardian/other person:

Relationship to child/young person:

## B. Is an interpreter required?

- Yes  No

If yes, the interpreter has:

- provided a sight translation of the informed consent form in person  
 translated the informed consent form over the telephone

*It is acknowledged that a verbal translation is usually a summary of the text on the form, rather than word-by-word translation.*

Name of interpreter:

Interpreter code:

Language:

## C. Patient OR substitute decision-maker OR parent/legal guardian/other person confirms the following procedure(s)

I confirm that the referring doctor/clinician has explained that I have been referred for the following procedure:

- Joint injection (image-guided):  Yes  No  
Nerve root injection (image-guided):  Yes  No  
Hydrodilatation (image-guided):  Yes  No

Site/side of procedure:

Name of referring doctor/clinician:

## D. Risks specific to the patient in having a joint injection/nerve root injection/hydrodilatation (image-guided)

(Doctor/clinician to document additional risks not included in the patient information sheet):

## E. Risks specific to the patient in *not* having a joint injection/nerve root injection/hydrodilatation (image-guided)

(Doctor/clinician to document specific risks in not having a joint injection/nerve root injection/hydrodilatation [image-guided]):

## F. Alternative procedure options

(Doctor/clinician to document alternative procedure not included in the patient information sheet):

DO NOT WRITE IN THIS BINDING MARGIN

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JOINT INJECTION/NERVE ROOT INJECTION/HYDRODILATATION (IMAGE-GUIDED) CONSENT



# Joint Injection/Nerve Root Injection/Hydrodilataion (Image-Guided) Consent

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## G. Information for the doctor/clinician

The information in this consent form is not intended to be a substitute for direct communication between the doctor/clinician and the patient OR substitute decision-maker OR parent/legal guardian/other person.

I have explained to the patient OR substitute decision-maker OR parent/legal guardian/other person the contents of this form and am of the opinion that the information has been understood.

Name of doctor/clinician:

Designation:

Signature:

Date:

## H. Patient OR substitute decision-maker OR parent/legal guardian/other person consent

I acknowledge that the doctor/clinician has explained:

- the 'Joint Injection/Nerve Root Injection/Hydrodilataion (Image-Guided)' patient information sheet
- the medical condition and proposed treatment, including the possibility of additional treatment
- the specific risks and benefits of the procedure
- the prognosis, and risks of not having the procedure
- alternative procedure options
- that there is no guarantee the procedure will improve the medical condition
- that tissues/blood may be removed and used for diagnosis/management of the condition
- that if a life-threatening event occurs during the procedure:
  - an adult patient will be treated based on documented discussions (e.g. AHD or ARP [Acute Resuscitation Plan])
  - a child/young person's health care will be provided in accordance with good clinical practice and in the best interests of the patient
- that a doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor/clinician undergoing further training under supervision
- that if the doctor/clinician wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.

I was able to ask questions and raise concerns with the doctor/clinician.

I understand I have the right to change my mind regarding consent at any time, including after signing this form (*this should be in consultation with the doctor/clinician*).

## I/substitute decision-maker/parent/legal guardian/other person have received the following consent and patient information sheet(s):

- 'Joint Injection/Nerve Root Injection/Hydrodilataion (Image-Guided)'
- 'Computed Tomography (CT) Scan'
- 'Ultrasound Scan' (*Adult patient only*)
- 'Ultrasound' (*Child/young person patient only*)
- 'About Your Anaesthetic' (*Adult patient only*)
- 'About Your Child's Anaesthetic' (*Child/young person patient only*)

On the basis of the above statements,

### 1) I/substitute decision-maker/parent/legal guardian/other person consent to having a joint injection/nerve root injection/hydrodilataion (image-guided).

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

### 2) Student examination/procedure for professional training purposes:

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to patient OR substitute decision-maker OR parent/legal guardian/other person consent, assist with/conduct an examination or procedure on a patient while the patient is under anaesthetic.

I/substitute decision-maker/parent/legal guardian/other person consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s)  Yes  No
- assist with examination(s)/procedure(s)  Yes  No
- conduct examination(s)/procedure(s)  Yes  No

# Joint Injection/Nerve Root Injection/ Hydrodilataion (Image-Guided)

Adult and Child/Young Person | Informed consent: patient information

**A copy of this patient information sheet should be given to the patient or substitute decision-maker or parent/legal guardian/other person of a child or young person to read carefully and allow time to ask any questions about the procedure. The consent form and patient information sheet should be included in the patient's medical record.**

*In this information sheet, the word 'you' means the patient unless a substitute decision-maker, parent, legal guardian or other person is providing consent on behalf of the patient, in which case the word 'you' means the substitute decision-maker, parent, legal guardian or other person when used in the context of the person providing consent to the procedure.*



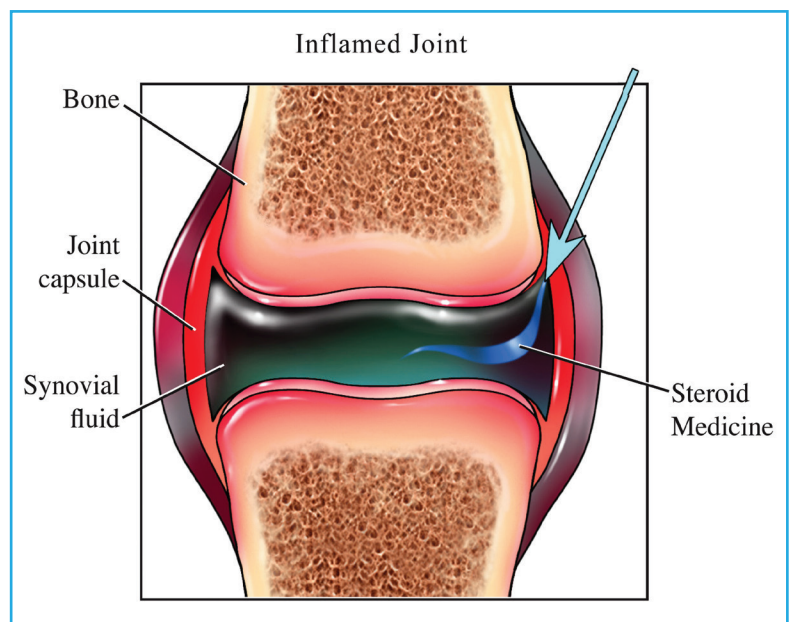
## 1. What is a joint injection/nerve root injection/hydrodilataion (image-guided) and how will it help me?

A **joint injection/nerve root injection** is a procedure that injects medication into your back or a joint in your body for pain relief. The injection is usually a mixture of local anaesthetic and steroid medications. Immediate pain relief may be provided by the local anaesthetic allowing time for the steroid injection to help reduce the inflammation. If the pain is not caused by inflammation, the pain may return, this information may help to refine your diagnosis.

**Nerve root injection:** The medication is injected around a swollen or compressed nerve to help relieve pain and inflammation. This can be used to confirm or rule out a particular joint as the cause of the pain. Computed Tomography (CT) and/or fluoroscopy (which uses x-rays) are imaging techniques used to guide the injection. Fluoroscopy uses x-rays to create moving images of the inside of your body.

**Joint injection:** The medication is injected directly into the joint or the tissues next to the joint (the bursa) to help relieve inflammation and pain. It is commonly used in the shoulder, knee or hip joints but may also be helpful in other joints. Ultrasound is the most commonly used imaging technique to guide the injection. However, the exact imaging technique used will depend on the joint and the doctor/clinician performing the injection.

**Hydrodilataion:** The medication is injected into the shoulder joint through a fine needle. Sterile water is then injected to stretch the space in the joint to help improve movement of the shoulder joint.



*Image: Image-guided steroid injection in joint.  
ID: Si55550896. [www.shutterstock.com](http://www.shutterstock.com)*

For more information on CT or Ultrasound, please read the patient information sheets *Computed Tomography (CT) Scan* and *Ultrasound Scan (for adults)* or *Ultrasound (for child/young person)*. If you do not have the appropriate information sheet, please ask for one.

## Preparing for the procedure

The Medical Imaging department will give you instructions on how to prepare for the procedure. It is important to follow the instructions that are given to you. Your procedure might be delayed if you don't follow all the preparation steps.

Medical imaging staff will notify you beforehand if you are required to stop taking any blood thinning medicine. List or bring all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show the doctor/clinician what you are taking.

Please tell the doctor/clinician if you are breastfeeding or pregnant, or suspect that you may be pregnant.

You will not be able to drive yourself home after this procedure. It is recommended that you make arrangements for safe transport home before your procedure.

The injection of the local anaesthetic and the steroid may cause some mild discomfort.

It is very important that you lie still for the procedure. Supporting straps, foam pads and light weights may be used to help support you. If you are unable to lie still, a mild sedative may be needed for adults, or rarely, a general anaesthetic. A general anaesthetic may be required for a child/young person. If booked for an anaesthetic, please read the information sheet *About Your Anaesthetic (for adults)* or *About Your Child's Anaesthetic (for child/young person)*. If you do not have one of these information sheets, please ask for one.

### **For a parent/legal guardian/other person of a patient having a joint injection/nerve root injection/hydrodilatation (image-guided)**

To prepare the patient for this procedure and to ease their concerns, tell them what they can expect to happen during the procedure. This information sheet will

We welcome your help and support in preparing the patient for the procedure and in explaining why it's so important to lie still.

At the discretion of the procedure staff:

- a parent/adult (unless pregnant) may be invited into the procedure room to support the patient
- if the patient is having a general anaesthetic you may be able to see them off to sleep. Once they are asleep you will be asked to leave the procedure room and wait in the waiting area.

Other children are not allowed into the procedure room, and they must be supervised at all times by another parent/adult.

## During the procedure

You may be required to change into a hospital gown and remove some of your jewellery.

You will be positioned on the procedure table by the doctor/clinician. You may be asked to hold this position for the duration of the procedure. Please advise the doctor/clinician if you are unable to remain in this position.

An ultrasound or CT will be performed at the start of the procedure to plan the best path for the needle to go into the joint.

Your skin will be cleaned around the injection site and a sterile drape will be applied to cover the area.

The doctor/clinician may inject a local anaesthetic to numb your skin before the insertion of the treatment injection.

The doctor/clinician will then insert the needle through the skin and into the target area.

You must let the doctor/clinician know if you have any sharp pains at the injection site or down your limbs. It is important to stay as still as possible if this pain does occur.

If the procedure requires fluoroscopy or CT, iodinated contrast (also known as x-ray dye) may be injected to check the needle is in the correct place.

The steroid medication is injected and then the needle is taken out.



If hydrodilataion is being performed sterile water will be injected at the same time as the steroid.

If you are having multiple regions treated, this process will be repeated. You may need to come back for additional appointments. The doctor/clinician will discuss this with you at the time of your first procedure.

At the end of the procedure, a dressing will be applied to the injection site.

### **Computed Tomography (CT)**

Staff will stay in the room with you during most of the procedure, but will leave the room while the CT is taking images. During this time they will be able to see you through a large glass window, and speak with you via an intercom.

During the scan, the table will move through the CT scanner and a whirring or humming sound may be heard. You should remain as still as possible, as the slightest movement can blur the images.

### **Ultrasound**

The lights in the room will be dimmed so the images on the screen can be seen more clearly.

A gel will be applied to your skin over the area that will be scanned. The gel allows the transducer to slide easily over the skin and helps produce clearer images. The transducer will be moved back and forth slowly over the area of interest.



## **2. What are the risks?**

In recommending the procedure, the doctor/clinician believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients – these are set out below. There may also be additional risks and possible complications specific to your condition and circumstances which the doctor/clinician will discuss with you. If you have any further concerns, please ensure that you raise them with the doctor/clinician prior to giving consent to the procedure.

### **Common risks and complications**

- minor pain, bruising and/or infection at the injection site
- bleeding and bruising is more common if you have been taking blood thinning medicines, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- aching at the site of injection due to the muscle being aggravated by the insertion of the needle. It is usually mild and temporary.
- nerve damage. If this occurs, it is usually temporary and should get better over a period of time
- failure of local anaesthetic (if used), which may require a further injection of anaesthetic or a different method of anaesthesia.

### **Uncommon risks and complications**

- the procedure may not be possible due to medical and/or technical reasons
- infection requiring antibiotics and further treatment
- inflammation of the joint resulting in an increase of fluid around the joint
- damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment
- an allergy to injected medications, requiring further treatment
- adverse effects from the injected steroids including insomnia, nightmares, nervousness. This is usually temporary.

### **Rare risks and complications**

- seizures and/or cardiac arrest due to local anaesthetic toxicity.
- (*nerve root injection only*) damage to the spinal cord. This may require surgery.
- (*nerve root injection only*) permanent nerve damage with possible paralysis.
- death because of this procedure is very rare.

## Risks of radiation (CT and fluoroscopy only)

The risks of radiation exposure from this procedure need to be compared to the risks of your condition not being treated. Exposure to radiation may cause a slight increase in the risk of cancer to you over your lifetime. However, the potential risk is small compared to the expected benefit of this procedure<sup>1</sup>.

## What are the risks of not having a joint injection/nerve root injection/hydrodilataion (image-guided)?

There may be adverse consequences for your health if you choose not to have the proposed procedure. Please discuss these with the referring doctor/clinician.

If you choose not to have the procedure, you will not be required to sign a consent form.

If you have signed a consent form, you have the right to change your mind at any time prior to the procedure. Please contact the doctor/clinician to discuss.



### 3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available. Please discuss any alternative procedure options with your doctor/clinician before signing the consent form.



### 4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital and what level of activity is suitable after your procedure..

*(Nerve root injection only)* you will need to take care when first standing, as temporary leg weakness can occur.

It is normal to have some pain at the site for a day or two. This does not mean that the procedure has not worked. There may be a period of time between when the local anaesthetic wears off and when the steroid medication takes effect.

Ice packs or simple pain relievers are usually enough to relieve this pain.



### 5. Who will be performing the procedure?

Radiographers, doctors, nuclear medicine technologists, sonographers, nurses, and medical imaging assistants make up the medical imaging team. All or some of these professionals may be involved in your procedure.

A doctor/clinician other than the consultant/specialist may assist with/conduct the clinically appropriate procedure. This could include a doctor/clinician undergoing further training, however all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the procedure, please discuss this with the doctor/clinician.

For the purpose of undertaking professional training in this teaching hospital, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to your consent, assist with/conduct an examination or procedure on you while you are under anaesthetic.

You are under no obligation to consent to an examination(s) or a procedure(s) being undertaken by a clinical student(s) for training purposes. If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit [www.health.qld.gov.au/consent/students](http://www.health.qld.gov.au/consent/students).



### 6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website [www.qld.gov.au/health/services/hospital-care/before-after](http://www.qld.gov.au/health/services/hospital-care/before-after) where you can read about your healthcare rights.

You can also see a list of blood thinning medications at [www.health.qld.gov.au/consent/bloodthinner](http://www.health.qld.gov.au/consent/bloodthinner).

Further information about informed consent can be found on the Informed Consent website [www.health.qld.gov.au/consent](http://www.health.qld.gov.au/consent). Additional statewide consent forms and patient information sheets are also available here.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

## 7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the Medical Imaging department via the main switchboard of the facility where your procedure is booked.

## 8. Contact us

**In an emergency, call Triple Zero (000).**

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.

#### References:

1. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Ionising radiation in our everyday environment, 2021. Available from [www.arpansa.gov.au](http://www.arpansa.gov.au)