A Discogram is an x-ray procedure that is performed to reproduce the pain that you experience and to find out which disc (if any) is the cause. Iodinated ‘Contrast’ (once called x-ray dye) is injected into the suspected disc to reproduce the pain that you experience. Contrast allows your disc to be seen more clearly on the x-ray pictures. This procedure will require the injection of local anaesthetic and a sedation anaesthetic.

C. Risks of the procedure

In recommending the Discogram, the doctor believes the benefits to you from having this procedure exceed the risks involved. The risks and complications with this procedure can include but are not limited to the following.

Common risks and complications include:
- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

Less common risks and complications include:
- Infection, requiring antibiotics and further treatment.

Related risks and complications include:
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs may occur, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare Risks and complications include:
- Injury to the spinal cord. This may require surgery.
- Permanent nerve damage with possible paralysis.
- Injected Contrast may leak outside of the disc, and into the spinal canal, this may require treatment.
- Injury to the spinal disc may require other procedures and/or corrective surgery.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is given extra risks include:
- Faintness or dizziness, especially when you start to move around.
- Fall in blood pressure.
- Nausea and vomiting.
- Weakness.
- An existing medical condition getting worse.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment.
- Stroke resulting in brain damage.
D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

- Discogram

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .................................................................
Signature: ............................................................................
Date: ...................................................................................

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ▶ Location of the original or certified copy of the AHD:

☐ No ▶ Name of Substitute Decision Maker/s: .................................................................
Signature: ............................................................................
Relationship to patient: ........................................................
Date: ...................................................................................
PH No: ..............................................................................

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ........................................................
Designation: ........................................................................
Signature: ............................................................................
Date: ...................................................................................

F. Interpreter’s statement

I have given a sight translation in

(STATE THE PATIENT’S LANGUAGE HERE) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ............................................................
Signature: ............................................................................
Date: ...................................................................................
1. What is a Discogram?
A Discogram is an x-ray procedure that is performed to reproduce the pain that you experience and to find out which disc (if any) is the cause.
Spinal discs are the small pads of cartilage that separate the vertebrae in your spine.
Iodinated ‘Contrast’ (once called x-ray dye) is injected into the suspected disc to reproduce the pain that you experience. Contrast allows your disc to be seen more clearly on the x-ray pictures.

2. Will there be any discomfort, is any anaesthetic needed?
This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

3. What is sedation?
Sedation is the use of drugs that give you a ‘sleepy-like’ feeling. It makes you feel very relaxed during a procedure. You may remember some or little about what has occurred during the procedure.
This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.
Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

4. Preparation for the procedure
The medical imaging department will give you instructions on how to prepare for your procedure.
- You will be told when to have your last meal and drink. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these may alter the affects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

5. During the procedure
A fine needle (IV cannula) will be put into a vein in your arm.
The Radiologist (x-ray doctor) will inject local anaesthetic into the skin.
Using x-ray imaging as a guide the doctor will insert the needle into your back. X-rays are used to guide the needle into position.
You must remain as still as possible. At times, you may be asked to hold your breath.
When the needle is inside the spinal disc the Contrast will be injected.
This process will be repeated if you are having multiple discs examined.
At the end of the procedure, the needles will be removed and a dressing will be applied to the puncture site/s.

6. After the procedure
You may require pain relief if the procedure has successfully reproduced your back pain.
The recovery time varies depending on your pain level and the sedation given. It can vary between 30 minutes and 2 hours.
The IV cannula will be removed after you have fully recovered.
Staff will discuss with you what level of activity is suitable after your procedure.

7. What are the risks of this specific procedure?
The risks and complications with this procedure can include but are not limited to the following.
Common risks and complications include:
- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the puncture site. This may require medication.
- Bleeding or bruising could occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time.

Less common risks and complications include:
- Infection, requiring antibiotics and further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
Rare Risks and complications include:

- Injury to the spinal cord. This may require surgery.
- Permanent nerve damage with possible paralysis.
- Injected Contrast may leak outside of the disc, and into the spinal canal, this may require treatment.
- Injury to the spinal disc may require other procedures and/or corrective surgery.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

If sedation is given extra risks include:

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

8. What are the safety issues when you leave hospital?

If you were sedated, this will affect your judgment for about 24 hours. For your own safety:

- Do NOT drive any type of car, bike or other vehicle.
- Do NOT operate machinery including cooking implements.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the anaesthetic drugs.
- Have an adult with you on the first night after your procedure.

Present to your nearest Emergency Department or GP if you become unwell or have;

- pain, unrelieved by simple pain relievers
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- fever

other warning signs the doctor may have asked you to be aware of.

Notes to talk to my doctor/ health practitioner about: