



SW9257



Joint Injection

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

A Joint Injection is a procedure that injects medication into a joint for pain relief. The injection is usually a mixture of local anaesthetic and steroid medications.

Pain relief can be long lasting or temporary.

This procedure may require the use of a local anaesthetic.

C. Risks of the procedure

In recommending a Joint Injection, 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:

- Bleeding or bruising may 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. Permanent nerve damage is rare.

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.
- Inflammation of the joint, resulting in an increase of fluid in and around the joint.
- An allergy to injected drugs, requiring further treatment.

- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays (for CT and x-ray only).
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.



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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.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- 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:

- Joint Injection
- Ultrasound &/OR
- CT

- 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:

DO NOT WRITE IN THIS BINDING MARGIN

1. What is a Joint Injection?

A Joint Injection is a procedure that injects medication into a joint for pain relief. The injection is usually a mixture of local anaesthetic and steroid medications.

Pain relief can be long lasting or temporary.

The procedure is performed in medical imaging and done with guidance from imaging machines such as ultrasound, CT or x-ray.

For more information on the imaging methods used for a joint injection and the risks involved in their use, please read the **Patient Information Sheets** for the imaging method you are booked for – **Ultrasound or CT** (if you do not have the information sheet please ask).

2. Will there be any discomfort, is any anaesthetic needed?

This procedure may require the injection of a local anaesthetic. It is used to prevent or relieve pain, but will not put you to sleep.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- Please tell the staff if you are or suspect you might be pregnant.
- 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.

4. During the procedure

Pictures of the joint will be taken.

The Radiologist (x-ray doctor) may inject local anaesthetic.

Using imaging as a guide the needle will be inserted into your joint. You must remain as still as possible.

When the needle is in the correct place the medication will be injected. The needle is taken out and a dressing will be applied to the puncture site.

5. After the procedure

Staff will discuss with you what level of activity is suitable after your procedure.

If a steroid was injected, it is normal to have some pain at the site for a day or two. Ice packs or simple pain killers are usually enough to relieve this pain.

6. 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:

- Bleeding or bruising may 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. Permanent nerve damage is rare.

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.
- Inflammation of the joint, resulting in an increase of fluid in and around the joint.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays (for CT and x-ray only).
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is very rare.

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

Take care not to bump the area that has been numbed with the local anaesthetic.

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

- pain, unrelieved by simple pain killers
- continuous bleeding or swelling at the puncture site
- redness or inflammation at the puncture site
- reduced mobility in the joint
- fever
- other warning signs the doctor may have asked you to be aware of.

1. What is CT?

Computed Tomography (CT) or 'CAT' scans are special x-ray scans that produce cross-sectional pictures of the body using x-rays and a computer. CT is used when your doctor needs more information than what an ordinary x-ray can provide.

The CT machine looks like a large doughnut with a narrow table in the middle. The table moves through the circular hole in the centre of the scanner.



2. Will there be any discomfort, is any anaesthetic needed?

A CT Scan is a painless procedure, no anaesthetic is required.

The CT machine is open at both ends so patients who are claustrophobic have little difficulty with this test.

3. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your scan.

- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.

4. During the procedure

You will be positioned on the CT table by a Radiographer. The Radiographer will not be in the room during the scan, but they will be able to see you and communicate with you through an intercom.

During the scan, you will hear a whirring or humming noise and you will feel the table move slowly through the CT scanner. You should remain as still as possible, as the slightest movement can blur the pictures.

For some scans, you will be asked to hold your breath for up to 20 seconds.

The whole procedure takes approximately 10 to 20 minutes depending on what part of the body is being scanned.

5. Contrast

You will sometimes be given contrast as part of your CT scan. Contrast allows your organs to be seen more clearly on x-rays. The Contrast can be given as a drink (oral contrast) and / or as an injection (Iodinated Contrast).

Oral Contrast is used to show the stomach and intestines more clearly.

Iodinated Contrast is used to show the organs and blood vessels of your body more clearly. A fine needle (IV cannula) will be put into a vein in your arm, making it possible to inject the Contrast. For more information on Iodinated Contrast and the risks involved in its use, please read the **Iodinated Contrast Patient Information Sheet** (if you do not have this information sheet please ask for one).

6. After the procedure

The IV cannula will be removed (if inserted).

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.

Less common risks and complications include:

- No known less common risks.

Rare risks and complications include:

- An increased lifetime cancer risk due to the exposure to x-rays.
- Death as a result of this procedure is very rare.

Notes to talk to my doctor/ health practitioner about:

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