ENVISION
MEDICAL IMAGING

INFORMATION & CONSENT FORM

SACROILIAC JOINT INJECTION

Introduction
This injection is an injection of local anaesthetic and/or steroid into and around the Sacroiliac joint. These are small joints where your pelvis and sacrum join. This is an interventional procedure. There is no specific preparation and you may eat and drink as normal before and after the procedure.

Please read and sign this form so that we can be sure you understand the risks and complications potentially associated with this procedure. Please inform the ***booking*** staff if you are on Warfarin, Plavix, or any other blood thinning agents, or have any other medication allergies.

Procedure
The procedure takes about 20 minutes and will be performed in the CT room. The skin will be washed with antiseptic and a local anaesthetic may be injected. A fine needle is then inserted, guided into position using CT control and an injection into and around one of the small paired joints at the back of your thoracic spinal column given. The needle is removed and compression will be applied to the needle insertion site.

Post-procedure
Pain relief can take a few days to develop so you may need to continue your current medication for a short time. We ask that you rest the joint and avoid any strenuous activity.

Risks and side effects
Complications are rare during this procedure however you should be informed of the possible risks and side effects.

Risks associated with this procedure include:

- Pain or discomfort at the needle insertion site, or bruising after the procedure.
- Temporary numbness or a tingling sensation can sometimes occur.
- Inflammation which may involve redness or swelling and increased pain after 48 hours.
- Increasing back or neck pain need to be promptly reported to your referring doctor.
- There is a very small possibility that the needle may come into contact with the lung causing a pneumothorax *(collapsed lung)*. This is usually small and requires only observation with no medical action. Very rarely, hospital admittance will be required to have a tube inserted to re-inflate the lung.

Any medical procedure can potentially be associated with unpredictable risks.

Please ask questions about anything on this form that you do not understand.

I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

Patient Name		
Patient Signature *(or signature of legal guardian)*		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY
ANTICOAGULANTS ☐ Yes ☐ No DIABETIC ☐ Yes ☐ No ALLERGIES ☐ Yes ☐ No DRIVER ☐ Yes ☐ No

PATIENT ID CHECKLIST
NAME confirmed ☐ DOB confirmed ☐ GENDER confirmed ☐ ADDRESS confirmed ☐

PROCEDURE CHECKLIST
TYPE confirmed ☐ SIDE confirmed ☐ CONSENT confirmed ☐ TIME OUT ☐

NO CO2