

CONSENT FORM 1(VII)

Patient agreement to investigation or treatment

Spinal Injections

Patient details (or pre-printed label)

Patient's surname/family name.....

Patient's first names.....

Date of birth

Responsible health professional.....

Job title

NHS number (or other identifier).....

Male

Female

Special requirements

(E.g. other language/other communication method)

To be retained in patient's notes

Guidance to health professionals (to be read in conjunction with consent policy)

What a consent form is for?

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the Department of Health's Reference guide to consent for examination or treatment for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

Who can give consent?

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed', then he or she will be competent to give consent for him or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for him or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for him or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so. Relatives cannot be asked to sign this form on behalf of an adult who is not legally competent to consent for him or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page three of the form or in the patient's notes.

Patient Information and Consent Form for Spinal Injection

Please read the following information closely. You and your doctor (or other appropriate healthcare professional) will sign it to document your consent prior to your procedure taking place.

Please bring this form with you to hospital

- It has been recommended that you have a spinal injection.
- The following information will explain the aims, benefits, risks and alternatives to this procedure.
- We want you to be fully informed about your choices to help you understand your treatment options.
- Please feel free to ask about anything you do not fully understand or wish to have explained in more detail.
- Remember, you can change your mind about having the procedure at any time, especially if your symptoms improve.

Preparing to come to hospital

Medication: It is important you get the right information about what medication to stop prior to coming in for your procedure. The table below outlines specific instructions on medication you are advised to stop prior to your admission.

Type of procedure	Aspirin / other anti-inflammatories e.g. Ibuprofen and Diclofenac Naproxen	Oral anti-platelets	Oral anti-coagulants
All spinal injections: this includes caudal epidural injections, nerve root blocks, facet joint injections	STOP 10 days prior to procedure	Clopidogrel Prasugrel Ticagrelor Must be stopped prior to procedure. Please contact the pre-operative assessment pharmacist for specific instructions	Warfarin Apixaban Dabigatran Rivaroxaban Edoxaban Must be stopped prior to procedure. Please contact the pre-operative assessment pharmacist for specific instructions
If you are taking medication following a stroke/mini stroke, heart surgery, cardiac stent, coronary artery bypass graft or recent heart attack, DO NOT stop any medication without the advice of your consultant.			

For those on **Warfarin**, an INR check needs to be done the day before your procedure or on a Friday if your procedure is on a Monday.

Please continue to take all other medications. When you come into hospital for your injection(s) and please bring ALL of your medication with you. This includes inhalers.

What to bring: In addition to your regular medication, you may wish to bring a dressing gown and something to read. You do not need to bring anything else as you should only be in hospital for a few hours. Please do not bring any valuables.

Eating and drinking: When you have your injection you will be given some sedation by the anaesthetist. Sedation is treated in the same way as a general anaesthetic, and this means that you need to come to hospital starved. Further information about sedation can be found later in this leaflet.

If you are coming in for a morning injection list, you must not have anything to eat after midnight. You can drink water up until 0600. You can take your normal medication with a sip of water (except those listed above), but otherwise you must have nothing to drink after 0600.

If you are coming in for an afternoon list, you can have a light breakfast before 0730. You must have nothing to eat after 0730. You can drink water up until midday. You should take your normal medication in the morning (except those listed above).

When you arrive at St Albans City Hospital

Your admission letter will tell you what time to arrive at the hospital. Please do not arrive late. When you arrive at the hospital, please drive around to the back of the building. There are short stay drop off parking bays for patients outside the day surgery unit where you do not need to pay. The maximum parking time in these bays is 20 minutes.

On arrival you should report to the day surgery reception. From there you will be shown to a bed. You will be asked to complete some paperwork and then reviewed by a nurse, an anaesthetist and the practitioner performing your injection(s).

The nurse will complete your admission paperwork and check your observations (blood pressure, pulse, etc.). The anaesthetist will take a full medical history from you and explain about the sedation. The practitioner performing your injection(s) will explain the procedure you are having and discuss the potential risks and benefits. Having explained everything to you, they will ask you to sign this consent form.

X-rays are taken as part of the injection procedure to confirm the correct position of the needle. Whilst X-rays are not harmful to adults, they may be harmful to an unborn child. As such, all women of childbearing age will be asked to provide a urine specimen to ensure they are not pregnant.

Your injection

What is it for?

The aim of spinal injections is to ease leg or back pain and in some cases both. They can also be done to identify the main source of pain.

What are the types of injections?

There are three types of injections commonly used, all of which involve the injection of a cortisone steroid and a local anaesthetic.

- Nerve root injections aim to target individual nerves in your spine.
- Facet or sacro-iliac joint injections aim to target individual joints in your spine.
- Epidural injections aim to target the space which surrounds your spinal cord.

When it is time for you to have your injection(s) you will be escorted to the operating theatre. You will be taken into the anaesthetic room, where the anaesthetist will put a needle into the back of your hand/arm. You will be given a small amount of sedation.

You will then be taken through into the operating theatre, where your injection(s) will be carried out. For the injection(s) to be carried out you will have to lie on your front. If needed, you will be helped into the correct position. You will then be given some more sedation and pain relief before the injection is performed.

Are there any risks or side effects to be aware of following a spinal injection?

The potential risks and side effects will depend on which type of injection you are having. All injections may cause facial flushing, short term menstrual irregularity in females, and altered blood sugar levels in diabetic patients and possible short lived changes in other pre-existing medical conditions.

The risks relating to each type of injection are outlined below:

Epidural and Nerve Root Injections

Infection - The risk of infection is less than one per cent. If you develop an infection it is likely to be a wound infection that will resolve with a short course of oral antibiotics. Occasionally patients develop a deep spinal infection which is much more serious and may require a prolonged course of intravenous antibiotics or surgery.

Bleeding - Rarely you may get some bleeding and/or bruising around the injected area which may cause increased pain for a few days.

Headaches – It is rare, but you may develop a post procedure headache. This can occur when the spinal needle unintentionally punctures the outer covering of your spinal cord causing leakage of the spinal fluid (CSF). This headache can be eased by lying flat and drinking caffeinated beverages. If you develop a post procedure headache which does not settle within a few days please contact the hospital for further advice.

Nerve injury - This can happen when the spinal needle comes into contact with the nerve or nerve sheath causing temporary loss of feeling (numbness) or weakness in the legs and/or possible short term bowel and bladder dysfunction.

Pain flair - You may experience some injection site tenderness and increased pain for a few hours or even a couple of days after your injection(s). This normally settles on its own in time.

Non-relief or worsening of symptoms - The benefit gained from a spinal injection(s) is variable. Furthermore, it can take up to two weeks to notice any benefit gained. Some patients will experience days, weeks, months or even years of relief following their injection(s), whilst others unfortunately do not benefit at all. It is rare, but occasionally patients feel their symptoms are aggravated by their spinal injection.

Facet or sacro-iliac joint injections

Infection - The risk of infection is less than one per cent. If you develop an infection it is likely to be a wound infection that will resolve with a short course of oral antibiotics. Occasionally patients develop a deep spinal infection which is much more serious and may require a prolonged course of intravenous antibiotics or surgery.

Bleeding - Rarely you may get some bleeding and/or bruising around the injected area which may cause increased pain for a few days.

Pain flair - You may experience some injection site tenderness and increased pain for a few hours or even a couple of days after your injection(s). This normally settles on its own.

Non-relief or worsening of symptoms - The benefit you may gain from a spinal injection(s) is variable. Some patients will experience days, weeks, months or even years of relief following their injection(s), whilst others unfortunately do not benefit at all.

About Sedation

Conscious sedation is the primary method of sedation used for spinal injections. It is a technique whereby medications such as propofol and/or midazolam are injected through an IV (intravenous) site which produces a relaxed state that will allow you to better tolerate any discomfort during the procedure. After you are positioned for the procedure, an anaesthetist will administer the medication. You are often very sleepy, able to speak and respond appropriately to questions though you may slur your words a bit. There is usually a short period of amnesia which reduces or eliminates memory of the procedure itself, and of conversation carried on during the process.

Do not expect to go completely to sleep; you will still be able to respond.

Alternative treatment options

If you decide not to have this procedure, your alternative option is to continue to manage the pain conservatively. This can be assisted by physiotherapy and the Pain Management Clinic. In some cases, if appropriate, and clinically indicated, you may choose to proceed forward to surgery instead.

After your injection/discharge

Once the injection has been performed you will be taken into the recovery room. Immediately following the procedure you will be quite drowsy. Once this has started to wear off you will be taken round to the ward. Back on the ward you will be given something to eat and drink. Your observations will be checked again. Providing your observations are normal, you are orientated, able to walk around safely and have passed urine then you will be discharged home. You will be discharged by a nurse and will not normally see the anaesthetist or person performing your injection afterwards.

You will need a responsible adult with you overnight for the first 24 hours after your procedure.

You will be under the influence of sedation for up to 24 hours. During this time you must not drive, drink alcohol or sign any legal documents. You should avoid using machinery that requires a sense of judgment.

This means that you cannot drive yourself home following the procedure and you will need to be collected. Otherwise there are no restrictions.

Patient Declaration

Patient's name.....

Date.....

Patient's signature.....

The aims, benefits, risks and alternatives to a spinal injection procedure have been outlined within this leaflet.

If you have changed your mind and do not wish to go ahead with your planned procedure, please contact the hospital to inform them of your decision as soon as possible.

Providing you are happy to go ahead, please ensure you have signed the above declaration and bring this leaflet with you in to hospital.

On the day of your injection, you and your doctor will sign the end of this form together to document your consent.

Patient details (or pre-printed label)

Patient's surname/family name Patient's first names
NHS number (or other identifier) Date of Birth
Responsible health professional Job Title
 Male Special requirements
 Female (e.g. other language/other communication method)

Name of proposed Injection(s) (including brief explanation of the risks and benefits)

Caudal Epidural Injection

The intended benefits: Relief of symptoms:

Serious or frequently occurring risks including: Bleeding, infection, bruising/tenderness, temporary numbness and/or weakness, pain at injection site, post procedure dural puncture headache, persisting symptoms.

Nerve Root Injection(s)

Level(s): _____ **Side:** **Left** **Right** **Bilateral**

The intended benefits: Relief of symptoms. To identify source of pain:

Serious or frequently occurring risks including: Bleeding, infection, bruising/tenderness, pain flair, temporary numbness and/or weakness, pain at injection site, post procedure dural puncture headache, nerve injury (affecting leg, bladder, bowel, sexual function), persisting symptoms.

Facet Joint Injection(s)

Level(s): _____ **Side:** **Left** **Right** **Bilateral**

The intended benefits: Relief of symptoms.

Serious or frequently occurring risks including: Bleeding, infection, pain at injection site, bruising, persisting symptoms.

Statement of health professional *(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)*

I have explained the procedure to the patient. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve: Sedation

Signed..... Date.....

Name (PRINT) Job title

Contact details *(if patient wishes to discuss options later)*

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date.....

Name (PRINT)

Top copy accepted by patient: yes/no (please ring)

(ORIGINAL)

Patient details (or pre-printed label)

Patient's surname/family name Patient's first names
NHS number (or other identifier) Date of Birth
Responsible health professional Job Title
 Male Special requirements
 Female (e.g. other language/other communication method)

Name of proposed Injection(s) (including brief explanation of the risks and benefits)

Caudal Epidural Injection

The intended benefits: Relief of symptoms.

Serious or frequently occurring risks including: Bleeding, infection, bruising/tenderness, temporary numbness and/or weakness, pain at injection site, post procedure dural puncture headache, persisting symptoms.

Nerve Root Injection(s)

Level(s): _____ **Side:** Left Right Bilateral

The intended benefits: Relief of symptoms. To identify source of pain:

Serious or frequently occurring risks including: Bleeding, infection, bruising/tenderness, pain flair, temporary numbness and/or weakness, pain at injection site, post procedure dural puncture headache, nerve injury (affecting leg, bladder, bowel, sexual function), persisting symptoms.

Facet Joint Injection(s)

Level(s): _____ **Side:** Left Right Bilateral

The intended benefits: Relief of symptoms.

Serious or frequently occurring risks including: Bleeding, infection, pain at injection site, bruising, persisting symptoms.

Statement of health professional *(to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)*

I have explained the procedure to the patient. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve: Sedation

Signed..... Date.....
Name (PRINT) Job title
Contact details *(if patient wishes to discuss options later)*

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date.....
Name (PRINT)

Top copy accepted by patient: yes/no (please ring)
(Copy to be retained in patient's notes)

Patient details (or pre-printed label)

Patient's surname/family name Patient's first names

NHS number (or other identifier) Date of Birth

Responsible health professional Job Title

Male Special requirements

Female (e.g. other language/other communication method)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page three which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....
.....
.....
.....

Patient's signature Date.....

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature Date

Name (PRINT)

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed..... Date... ..

Name (PRINT) Job title

Important notes: (tick if applicable)

- See also advance directive/living will (e.g. Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign /date here)

To be retained in patient's notes