



PT NAME: _____		
BD: _____	MRN: _____	DATE: _____
COMPLETE OR PLACE PT ID LABEL HERE		

## Information and Consent for Joint Injection/Arthrography

Please read and answer the following questions:

1. Are you allergic to x-ray dye, x-ray contrast, or iodine?  Yes  No
2. Are you pregnant (female patients)?  Yes  No

I understand my condition to be among the following common indications for arthrography: **Joint pain, fluid in the joint, cartilage or ligament tear.**

Please read the following information about arthrography:

1. **Description of arthrography**-Your physician has requested an arthrogram to evaluate the inside of the joint. This test involves a radiologist numbing the area by with a local anesthetic, placing a needle into the joint space(s), removing fluid from the joint space(s) (if fluid is present), and injecting a small volume of contrast (dye) into the joint space(s). This is performed under fluoroscopic guidance. The contrast outlines the joint space(s) which can then be viewed on x-rays and on a CT or MRI scan. After the contrast has been injected the needle will be removed. You will be asked to move and/or rotate your joint to disperse the contrast more evenly. X-rays and/or a CT or MRI scan will then be performed.

**After the procedure:** You will be given a set of instructions to follow for the remainder of the day. You should rest the joint as much as possible for the day after the test. If you have swelling or tenderness in the joint, apply ice to the affected area. You may take over the counter pain relievers unless otherwise directed by your physician.

2. **Risks associated with this procedure are as follows:**
  - (a) Infection or bleeding inside your joint.
  - (b) Joint pain that persists for more than 1 or 2 days.
  - (c) An allergic reaction to the contrast material (very uncommon with joint injections).
3. **Benefits of performing this procedure include:**
  - (a) Early, accurate diagnosis can lead to less invasive treatment.
  - (b) Demonstrating whether surgical treatment is indicated and assisting in surgical planning.

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**4. Alternatives to the proposed procedure include:**

- (a) Not to perform the arthrogram; foregoing potential diagnostic benefits.
- (b) Continue with current therapies.
- (c) Routine MRI or CT studies.
- (d) Surgical arthroscopy.

*I acknowledge that I have been explained the proposed procedure and any significant risks and problems specific to me, and the likely outcomes if complications occur. I was able to ask questions and raise concerns about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.*

\_\_\_\_\_  
**Patient Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_  
**Date**  
( If patient is less than 18 years of age)

\_\_\_\_\_  
**Witness (print name)**

\_\_\_\_\_  
**Witness Signature** \_\_\_\_\_  
**Date**

<b>Technical Notes</b>
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Conray 43    Injected: \_\_\_\_\_cc    Lot # \_\_\_\_\_    Exp Date: \_\_\_\_\_

Optimark    Injected: \_\_\_\_\_cc    Lot # \_\_\_\_\_    Exp Date: \_\_\_\_\_

1% Lidocaine    Injected: \_\_\_\_\_cc    Lot # \_\_\_\_\_    Exp Date: \_\_\_\_\_

Sodium Bicarb    Injected: \_\_\_\_\_cc    Lot # \_\_\_\_\_    Exp Date: \_\_\_\_\_

**Total injected volume:** \_\_\_\_\_cc @ \_\_\_\_\_  
Time \_\_\_\_\_  
Tech Signature