

# Lumbar / Caudal Epidural Injection Informed Consent

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This is an informed consent document that has been prepared to help you concerning Lumbar / Caudal Epidural Injection and its risks. It is important that you read this information carefully and completely. Initial each page and sign the final pages.

What is a Lumbar / caudal epidural injection? A lumbar / caudal epidural is an injection of local anesthetic and steroid anti-inflammatory around the spinal cord in the small of your back. The steroid we use is not licensed by the Medicines Control Agency for this procedure, but it has been used without any problems in millions of patients worldwide.

Why am I having this procedure? Injecting local anesthetic and steroid anti-inflammatory around the nerves as they leave the spinal cord can help decrease swelling and inflammation. This may help reduce your pain and abnormal sensations in the legs and it may improve the movement of your back and legs.

Is this the right treatment for me? Other treatment options will be discussed with you before deciding to go ahead with the injection(s) and your consent is needed. The decision on whether or not to go ahead with the injection(s) is a shared decision between you and your doctor. Your doctor will be able to provide you with up-to-date information about the likelihood of this being a successful treatment for you and how this treatment fits into the best pathway of care. If you are undecided about whether or not to have injection(s) then further advice and information to make this informed decision can be provided. Please speak to your doctor for more information.

If your health has changed, it is important to let your doctor know:

1. If you have an infection in your body or on the skin of your back, your doctor will postpone the treatment until the infection is cleared.
2. If you have been started on anticoagulant or antiplatelet medicines that “thin the blood” such as warfarin, heparin, apixaban or clopidogrel, this may require extra preparation.
3. If you suffer from diabetes, the use of steroids during injections may cause your blood sugar to change requiring monitoring and adjustment of your diabetic medication.
4. If you have any allergies. You must also inform the doctor if there is any chance that you could be pregnant. Finally, if you are planning to fly or travel abroad within two weeks after the injections, please let your doctor know.

Are there any risks? The procedure may fail to provide you with the expected relief. Unfortunately, we don't know if this is going to be the case until we have done it. Occasionally, you may develop a headache. If you take painkillers and drink lots of water it should settle on its own. If your headache persists beyond 24 hours, please seek medical advice. Other risks are

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rarer and may include infection, bleeding, temporary worsening of the pain, nerve damage and lowering in blood pressure (with lightheadedness and nausea). There is a very small risk of spinal cord damage. Your legs may feel weak after the procedure. If there are any untoward complications we may need to admit you into the hospital.

What will happen between now and the injection? The doctor may have prescribed some painkillers for you to take and unless they are giving you side effects or not helping, you should continue to take them as advised.

What will happen on the day of the injection? After you have been checked in by a nurse, your doctor will explain the procedure to you and offer you the chance to ask questions. Sedation is not normally required for this procedure, but if you feel particularly anxious, it may be offered after discussion with your doctor. Then you will be asked to sign a consent form. After that you will be escorted into the treatment room. A small plastic needle may be inserted into the back of your hand. Then you will be asked to lie on your front on the procedures table. Your back will be cleaned with an antiseptic solution and some local anesthetic will be injected into your skin. This will sting. You may feel a pushing sensation as the needle is put into the right place. You may feel pressure as the solution of steroid and local anesthetic is injected. Then the needle will be removed and your back will be cleaned. You will be then transferred onto a trolley or a wheelchair and taken back to your ward where you can eat and drink. Your blood pressure and pulse will be checked. If your blood pressure and pulse remain within normal and safe limits you will be allowed to go home, once all discharge criteria are satisfied.

How will I feel afterward? You may develop:

- Warmth
- Tingling
- Numbness
- Weakness
- No different
- Lightheadedness
- Nausea
- Flushing
- Headache
- Flu like symptoms

Important things to remember

1. Nothing to eat for 4 hours or drink for 2 hours before the procedure.
2. You will need an escort who will take you home and stay with you overnight.
3. Please bring your regular painkillers with you.
4. If you are on any blood thinners then you need to discuss this with your doctor regarding stopping it, before your procedure.
5. If you have any special requirements please contact the Pain Management Unit at least 48 hours in advance.

Can I drive afterward? You should not drive for 24 hours after the injection, as your insurance may be void if you are in an accident.

When can I shower/bathe? Usually the day after the procedure.

When can I return to normal activity? The procedure may take up to 6 weeks to fully settle despite a possible initial improvement. You may do gentle physical activity for 24 to 48 hours following the procedure. If your job is physical up to 5 days of gentle activity is advisable. If your job is sedentary, you may return within 48 hours. However, each individual's response may vary following the procedure

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

1. The risks and complications, including the risks that are specific to me.
2. The sedation/anesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
3. That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
4. 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.
5. 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.
6. 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.

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Declaration: I and/or my associate have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above-described procedure. M Kathryn Schaefer MD.

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