

PATIENT'S CONSENT TO A JOINT OR SOFT TISSUE INJECTION

Name, surname _____

Personal code _____

Medical manipulations, including joint and soft tissue injections, are performed in case of medical indications and normally do not cause any complications. It is important to understand, however, that any manipulation involves a number of risk factors, from minor to serious.

REACTION TO MEDICATIONS, ANASTHETICS AND OTHER SUBSTANCES

Unexpected allergic and other reactions are possible for any medication or anaesthetic. To reduce potential risks, it is important to inform your doctor about any reactions you have had while using medications or any other substances. Informing doctors about the medications you have taken during the last 6 months, including food additives, drugs etc. is essential.

BLEEDING

Mild or moderate bleeding from affected blood vessels occurs during any invasive manipulation. It usually stops by itself upon compression of the manipulation site. In some cases, a haematoma may develop which may require invasive manipulation to eliminate it.

INFECTION

Infection is the invasion of an organism by bacteria or other microorganisms which can occur during any cut or puncture of the skin. Aseptic and antiseptic techniques are used during the manipulation. Usually the process of healing does not result in any complications. In some cases, surgical manipulations or an antibacterial therapy may be required to eliminate the effects of infection, however.

OTHER RISKS AND METHODS OF TREATMENT

Drawing up a complete list of all risks associated with medical manipulations is impossible. Although you opted for a specific medical manipulation, you still had the opportunity to choose another method, obtain information on any question of interest to you, and an opportunity to choose another medical professional.



ULTRASOUND-GUIDED ADMINISTRATION OF A MEDICATION INTO A JOINT OR SOFT TISSUE

Manipulation description: The injection spot on the skin is treated with a disinfectant (Cutasept) and anaesthetised with Lidocaine (2%). A medication (Kenalog or another medication, as per indications) is then injected into a joint (intra-articular injection) or soft tissue around the joint (peri-articular injection) under ultrasound guidance. It is also possible to dissolve calcifications by mechanical and pharmaceutical means. Sterile dressing is applied over the injection site

📌 **FOR YOUR INFORMATION:** This procedure costs EUR 59.00, which includes the costs of the medication. The effect of a single injection may not be sufficient due to several factors, including the extent of change and the severity of the disease. However, the procedure can be repeated. No refund is provided for any manipulation.

No manipulation may be performed (contraindications) in case of:

- (a) local skin damage, skin infection in the planned injection area;
- (b) prolonged use of blood thinners (Aspirin, Warfarin etc.) due to relative contraindications; **inform your doctor!**
- (c) pregnancy due to relative contraindications. An injection may be performed in cases where the clinical benefit outweighs the possible risks; **inform your doctor!**

📌 I certify that I have provided information about my health condition to my doctor with the greatest responsibility.

My attending physician has discussed the course of the manipulation with me and has answered my questions about details regarding the manipulation that are of interest to me as well as about possible complications. Being fully aware of the foregoing, I hereby consent to an ultrasound-guided medical manipulation by attending physician Arturs Balodis and his assistants chosen by him.

I understand that unforeseen circumstances and situations may occur during the manipulation that might require making changes to the treatment plan and use of additional methods in order to achieve the best result possible, therefore I authorise the physician and his assistants chosen by him to perform it. I am aware of the costs of the medical procedure.

Patient: _____
(name, surname) (signature)

Date: _____ **Time:** _____

Medical Specialist: _____ **Date:** _____
(name and surname) (signature)

