



CHRISTIANA SPINE AMBULATORY SURGERY CENTER, LLC

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INFORMED CONSENT FOR SPINAL INJECTIONS

Dr. Tony Cucuzzella / Dr. Elva Delport / Dr. Ann Kim / Dr. Scott Roberts/ Dr. Nancy Kim/ Dr. Yong Park has explained the nature and purpose of this procedure and have answered my questions.

Possible side effects or complications associated with these procedures include:

Up to twenty percent (20%) patients experience dizziness, which may last for a few minutes during the procedure. This is generally due to a drop in blood pressure and resolves quickly. Intravenous fluids can be administered if this dizziness does not resolve quickly or is causing anxiety. Although unlikely, fainting may occur, and this would once again be due to a temporary drop in blood pressure. With cervical injections, loss of balance or unsteadiness may be present for 8 hours after the injection due to the anesthetic that is used.

Up to twenty percent (20%) of patients can experience numbness in the arms or legs after the procedure, and less frequently some patients may experience weakness in the arms or legs after the procedure. This sensation would generally last for one half hour but could last up to eight hours after the injection depending upon the type of anesthetic used during your procedure. For this reason, we would advise that you do not operate a vehicle or perform any activities that require coordination for twelve hours after the injection.

Minor or temporary reactions may result due to the use of corticosteroid medication (otherwise known as "cortisone" or "steroid" medication) with the procedure. Diabetic patients may experience a short-term increase in their blood sugars after the procedure (ranging from 1 day to 1 week), thus blood sugars should be checked at least daily for one week after your injection. Some patients may develop a headache or facial flush the following day, which lasts twelve to twenty-four hours. Rarely, some women can experience disruption of their menstrual cycle for one or two cycles.

Too many cortisone injections (or oral steroid preparations) over time can increase risk of osteoporosis (or bone thinning). The appropriate number of injections over times should be discussed with your physician.

Very rarely, a patient could develop an acute allergic reaction to the contrast dye that is used during the procedure. Medications will be available during the procedures that are effective at reversing allergic reactions. Less than one percent (1%) of patients will develop a headache, which can last up to twenty-four hours. Rest and contacting our office or your "family doctor" doctor is advised.

Other extremely rare complications have been reported, but their occurrence is so infrequent that an actual rate of occurrence is not available. These reported complications include infection and hip damage with possible need for an artificial hip.

Serious neurologic events, some resulting in death, have been reported with epidural injection of corticosteroids. Specific events reported include, but are not limited to, spinal cord infarction, paraplegia, quadriplegia, cortical blindness, and stroke. These serious neurologic events have been reported with and without use of fluoroscopy. The safety and effectiveness of epidural administration of corticosteroids have not been established, and corticosteroids are not approved for this use.

Corticosteroids (otherwise known as "cortisone" or "steroids"), such as dexamethasone, triamcinolone,

