

## Trigger Point Injection – Informed Consent Form

The purpose of this informed consent form is to provide written information regarding the risks, benefits and alternatives of the procedure named above. This material serves as a supplement to the discussion you have with your doctor/healthcare provider. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your doctor/healthcare professional prior to signing the consent form.

Trigger point injections are used to treat extremely painful and tender areas of muscles. Normal muscle contracts and relaxes when it is active. A trigger point is a knot or tight band in the muscle that forms when muscle fails to relax. The knot often can be felt under the skin and may twitch involuntarily when touched (called a jump sign). The trigger point can trap or irritate surrounding nerves and cause referred pain - pain felt in another part of the body or in the teeth. Scar tissue and loss of range of motion and weakness may form over time. A solution containing a local anesthetic (usually lidocaine), normal saline and/or an anti-inflammatory is injected into the trigger point with a small needle. Trigger point injections have been found to be very effective in relieving pain, and may be used in combination with home exercise, heat, cold, and an individualized medication program.

### RISKS AND COMPLICATIONS

Before undergoing this procedure, understanding the risks is essential. No procedure is completely risk-free. The following risks may occur, but there may be unforeseen risks and risks that are not included on this list. Some of these risks, if they occur, may necessitate additional surgery, prolonged hospitalization, and/or extended outpatient therapy to permit adequate treatment. It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to:

- Infection
  - Bleeding
  - Bruising, redness or swelling
  - Irritation at the injection site
  - Skin changes
  - Procedure may fail to reduce pain symptoms
  - Lung puncture if procedure performed in muscle near ribcage
  - **PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE**
- I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing). I do not have any significant neurologic disease including but not limited to myasthenia gravis, multiple sclerosis, Lambert-Eaton syndrome, amyotrophic lateral sclerosis (ALS), and Parkinson's. I do not have any allergies to lidocaine or local anesthetics.

### ALTERNATIVE PROCEDURES

Alternatives to the procedures and options that I have volunteered for have been fully explained to me.

### RIGHT TO DISCONTINUE TREATMENT:

I understand that I have the right to discontinue treatment at any time.

My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure.

Patient Name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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