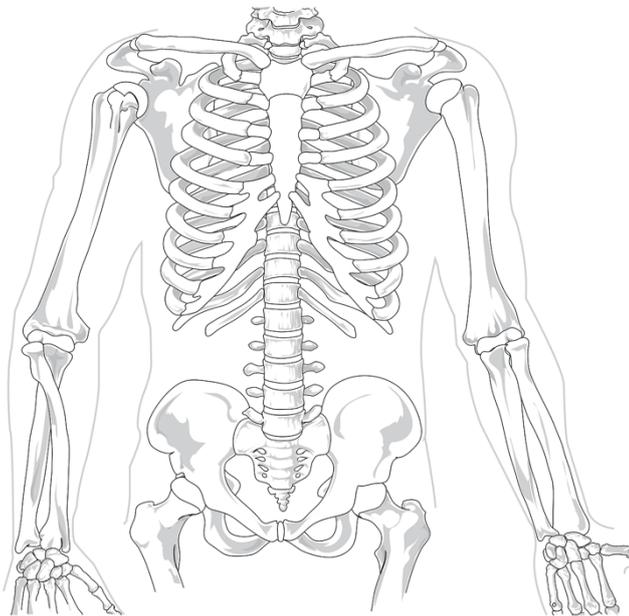




CT-controlled pain therapy of the spine

Your referring pain therapist has recommended for you a CT-controlled pain therapy. You are suffering of dorsal pain, caused by signs of wear off the spine (intervertebral disc degeneration, arthrosis, etc.).

The examination will probably lead to an improvement of your discomfort, may be the improvement will take place after several interventions. Only in rare cases patients don't feel any improvement at all.



■ Following intervention is projected:

Periradicular therapy (PRT, the application of medicine to the nerv root)

Facet joint infiltration (injection close to a small vertebral joint)

Iliosacral-infiltration (injection close to a cross-iliac joint)

■ What is a CT-controlled pain therapy?

The **CT** is an imaging X-Ray.

We are using it to apply the medicine targeted to a specific nerve or specific joint.

You are lying calm and relaxed on your belly and should not move. A thin needle will be moved CT-controlled to the treated structure. Medicine containing cortisone will be applied, (Volon A 40®).

The examination is possible, even for people suffering from claustrophobia.

Before and after the intervention you can eat, drink and take your medicine as usual.

■ Which medicament will be used and how does it work?

We are using the cortisone containing medicament Volon A 40® (so called glucocorticoids). Glucocorticoids have got an anti-inflammatory effect and work pain-relieving.

After the intervention you have to stay at least 30 minutes in our practice. Please plan a frame of 2 hours for the whole intervention to stay in our practice.

■ What sort of complications are possible during the intervention?

Only in very rare cases. No medical intervention is free of risks.

Possible general risks:

- Bleeding, bruises caused by the puncture
- Infection caused by the puncture, abscess (purulence, which possibly has to be opened)
- Injury of nerves with enduring palsy or paraesthesia
- The risk of paraplegia is minimal, cause the intervention takes place in quite far away from the spinal cord.



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Possible risks and side effects caused by the injected medicine:

- Gastric disorders, gastric ulcer
- Headache, vertigo
- Temporary increase of blood pressure and level of blood sugar
- Allergic reaction to the medicine (or other used materials)
- Thromboses or embolism

■ Are there alternativ methods?

There are different pain therapies, which could be used alternatively or in combination with the CT-controlled pain therapy. Your pain therapist has probably discussed with you different methods and has chosen this pain therapy for you.

■ In which cases the CT-controlld pain therapy shouldn't be put into practice ?

- Active gastric ulcer/intestinal ulcer
- Known thrombosis or embolism
- If you are under therapy with blood thinner (like ASS/Aspirin® or Marcumar®)
- Known allergies to the used medicine (Glucocorticoid, Cortison, Volon A 40®)
- Known bleeding disorder (e.g. haemophilia)
- Current system infections (e.g. influenza, hepatits virus infection, tuberculosis)
- Vaccination less than 2 weeks before this intervention
- Pregnancy

■ Additional information for women

Please inform us immediately, if you are pregnant or could be pregnant. The intervention is not allowed to be undertaken by pregnancy.

The X-Rays as well as the injected medicine could cause damage for the unborn child.

Glucocorticoids could rest in the breast milk, for the period of the therapy brestfeeding mothers should abstill.

■ Data protection and confidentiality

According to medical professional regulations and laws (SGB V) we are obliged to report the result off he examination to your referring doctor. All extern service providers with contact to personal data are subject to the duty of silence.

You can revoke this declaration of will any time by written notice.

I have read and understood the patient information.



Date

Signature

■ Notizen zum Aufklärungsgespräch

Rechtfertigende Indikation gestellt.



Datum

Unterschrift des Arztes



CT-controlled pain therapy of the spine

Have you already undergone that kind of treatment ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, when ?
Height: cm Bodyweight: kg	
Do you suffer or have you suffered from <input type="checkbox"/> heart disease or cardiac insufficiency, <input type="checkbox"/> thrombosis or embolism <input type="checkbox"/> nervous affection (e.g. paralysis or paraesthesia) <input type="checkbox"/> herpes zoster <input type="checkbox"/> infectious diseases (e.g. HIV, hepatitis, influenza), <input type="checkbox"/> stomach- or intestinal diseases (ulcera) <input type="checkbox"/> diabetes), <input type="checkbox"/> high blood pressure?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, which one and since when ?
Did you have a vaccination during the last 2 weeks, or is there any vaccination planned in the next 8 weeks ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, which and when ?
Do you tend to bruises ?	yes: <input type="checkbox"/> no: <input type="checkbox"/>
Have you got a disfunction of blood coagulation (e.g. hemophilia, thrombopenia)?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, which one?
Are you allergic to medicine or other things, like cortison, latex, disinfectant, anaesthetic, patches ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, which ones ?
Do you take any blood thinner (e.g.. ASS/Aspirin®, Marcumar®, Clopidogrel/Plavix®, Eliquis®, Xarelto®, Pradaxa®)?	yes: <input type="checkbox"/> no: <input type="checkbox"/> if yes, which one?
Did you already have surgery of the spine or the intervertebral discs ?	yes: <input type="checkbox"/> no: <input type="checkbox"/> If yes, where and when ?
Name and address of your general practitioner	
Additional question for women: Are you pregnant or could you be pregnant ?	yes: <input type="checkbox"/> no: <input type="checkbox"/>
Are you nursing?	yes: <input type="checkbox"/> no: <input type="checkbox"/>

■ Declaration of consent

I have been informed about the examination procedure and its risks. I have no further questions and have understood all details of the information sheet and the educational talk. I have been informed about rare complications like bleeding, abscess, paralysis, and the minimal risk of paraplegia.

I agree with the implementation of the CT-controlled pain therapy.

 yes: no:

I agree with the sending of my finding reports to my referring doctor and my general practitioner.

 yes: no:



date



signature