

**CONSENT FORM:  
SACRO ILIAC / FACET JOINT INJECTIONS**

I ..... understand my condition  
to be.....

I understand the proposed procedure will  
be.....  
.....  
.....

The procedure will be performed by Mr Alex Baker and that additional assistants (or surgeons in training) may assist him.

I confirm that I have discussed my condition and the proposed treatment plan with Mr Baker. During the consultation we discussed any alternatives (including the option for non intervention/ monitoring of symptoms) and he outlined the risks and benefits to me. I therefore understand that although the proposed procedure does carry certain risks, the alternative would, most likely, be the continuation or worsening of my symptoms instead.

I confirm that I understand the information provided and that I was given the opportunity to ask any questions. I have also been provided with contact details for Mr Baker if I have any further questions, either prior to or following my treatment.

**RISKS AND BENEFITS**

**BENEFITS**

The outcome of spinal procedures cannot be guaranteed, but I understand the expected benefit to be:

- Temporary relief and reduction of my symptoms.

**RISKS**

I understand that carrying out any spinal procedure carries certain inherent risks.

**The following are potential side effects or problems that can occur:**

- **Short-term increase in pain**, before it begins to subside (common)
- **Pain and discomfort** (from the procedure itself)
- **An adverse reaction to the drugs used** (in very rare cases this can result in anaphylaxis – a severe allergic reaction)
- **Nerve root injury**  
Possible symptoms include: pain, numbness, weakness and altered/ reduced reflexes in either the arms or legs, which may be permanent.
- **Infections** (antibiotics may be required)
- **Injections administered at the wrong level** (despite careful planning and imaging)
- **Bleeding into the joint** (which may require further intervention)
- **No improvement in symptoms**

In some cases the injections may not achieve the desired improvement. In which case we will discuss any further options with you and decide on a future treatment plan.

**SIGNATURE OF PATIENT**

Having read the above, I give my informed and voluntary consent to the proposed procedure. I also give consent to any additional treatment required during the course of my procedure, where a delay would be detrimental to my health and wellbeing.

I have read the contents of this form. I have had the opportunity to ask Mr Baker questions and confirm that all of my questions have been answered.

Signature of patient.....

Date.....

**SIGNATURE OF SURGEON**

I have explained the procedure, risks, benefits and alternatives to the above patient, who states that they understand the information given and are happy to undergo the procedure.

Signature of surgeon.....

Date.....