

**HIP INJECTION: PATIENT INFORMATION  
FORM AND INFORMED CONSENT**

Injections are performed for a variety of condition including joint pain due to arthritis or injury, labral or cartilage tear or pain from arthritic bone spurs. Usually, the injection consists of a mixture of medications including Lidocaine (Novocain), which is a local anesthetic agent, and a form of cortisone, which is used to counteract inflammation. Some injections use a contrast agent for visualization under X-ray. The benefit from the injection varies from patient to patient. Symptomatic relief can be found for periods of several days to several months, depending on the type of injections and the patient's response to the injection.

**RISKS OF THE INJECTION:**

Risks of the injection include but are not limited to the risk of infection of the joint, nerve injury from the nerves passing through the area, vascular injury from the needle in vessels traveling through the area as well as worsened pain. Other risks associated with the injection can commonly include flushing pain at the injection site, or bruising but these are self limiting and usually do not cause any permanent side effects. It is very rare, less than 1 in 100, for a patient to have an allergic reaction to the component of the injection, although the Lidocaine component of the injection can cause arrhythmias in some patients.

On the day of the injection, you are asked to obtain a ride to and from the fluoro suite in Hamden, a precautionary measure. Normal light activities then may resume for the remainder of the day, with no heavy activities for a period of 72 hours following the injection (specifically, this means no heavy exercise, no repetitive bending or stooping). Light exercise such as walking is useful and encouraged, pending approval by your primary doctor or cardiologist.

Following the injection, I would ask that you call my assistant Lauren 5-7 days to report on the amount of pain relief that you have achieved from the injection. This will help guide return appointments to the office or injections as appropriate.

By signing below, you, the patient (or guardian), certify that you have read the above risks of the procedure and consent to the injection(s). If you have any questions, please direct them to my assistant Lauren or to me personally during an office visit prior to your procedure.

**Aspirin and Anti-inflammatories should be discontinued 5 days prior to your appointment for the injection. If you take Coumadin or any blood thinners please inform the office. We will need to make arrangements with you medical doctor to stop the medication prior to the procedure, if possible.**

**HAVE YOU HAD PREVIOUS HIP INJECTION? YES NO**  
**IF SO, WITH WHOM** \_\_\_\_\_

- Are you currently taking any blood thinners? YES NO
- Are you currently taking any aspirin or anti-inflammatories? YES NO
- Which side hurts? RIGHT LEFT BOTH
- WOMEN ONLY..... Are you pregnant? YES NO

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
John M. Beiner