

Prolotherapy

INFORMED CONSENT

I, _____ have been advised and consulted about the injection technique of Reconstructive Injection Therapy, also known as Prolotherapy.

I have been advised that Prolotherapy is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improved function in some forms of arthritis. The technique requires the injection of local anesthetic (Procaine or Lidocaine) plus 15-25% Dextrose (sugar water), and if needed to stimulate a stronger healing response the addition of Glycerin and/or Phenol. Occasionally, your own blood (autologous) is used. The sight of the injection is where the ligament or tendon attaches to the bone, at the joint capsule or inside the joint.

I have been informed that the procedure has been used on millions of patients and has been proven safe. The procedures may initially increase my painful area or reproduce my symptoms for one to three days (and occasionally as long as ten days) and then may decrease my pain complaints, but may not completely eradicate them. I understand some insurance companies have determined this treatment to be experimental due to the lack of large research studies in the scientific literature.

I understand the BENEFITS of the procedure are improved or resolved pain and improved function.

I have been informed of that the ALTERNATIVES to Prolotherapy are:

1. Do Nothing
2. Surgical Intervention may be a possibility
3. Injections with steroids may also be helpful, but usually do not give long lasting results.
4. Manipulation may be helpful in temporary pain relief
5. Acupuncture may afford some relief

I have been informed that the RISKS and COMPLICATIONS of Prolotherapy are:

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| 1. Immediate pain at the injection site | 11. Pneumothorax (collapsed lung) when injecting near the lungs |
| 2. Stiffness in the injected joint | 12. Death from complications of the treatment |
| 3. Bruising | 13. Itching at the injection sites |
| 4. Headache during back injections | 14. Nausea/vomiting |
| 5. Allergic reaction to the solution | 15. Dizziness or fainting |
| 6. Infection from the injection | 16. Swelling after joint injections |
| 7. Injury to the nerve and/or muscle | 17. Bleeding |
| 8. Spinal cord injury during back injections | 18. Temporary blood sugar increase |
| 9. Temporary or permanent nerve paralysis | |
| 10. There may be no effect from the treatment | |

I have been informed that the risks of NO Prolotherapy are:

1. No relief of the pain
2. Continued instability of the damaged joint or ligament and probable worsening of your painful condition.

I understand this procedure is usually not covered by insurance and I am responsible for the total charge myself.

Patient Signature _____ Witness _____

Physician Signature _____ Date _____