

Dear Patient,

You are about to undergo an intervention in form of a puncture.

Depending on your medical condition, this can be one of the following examinations:

- Facet or periradicular infiltration into the spine
- Therapeutic or arthrographic infiltration into a joint
- Diagnostic tissue puncture of an organ

At this point, we would like to explain the procedure and inform you about any potential risks.

Procedure

- The preparation and disinfection of the affected body region is taking place in the examination room.
- Under sterile conditions, you will be administered a local anesthetic.
- Following that, the radiologist performs the puncture with the support of an X-Ray machine, a Computer Tomograph or an Ultrasound device.
- It is possible that a contrast media must be administered to enhance significantly the informative value of the examination.
- These actions are considered painful on a very low level.

After the examination

After the examination, you must not drive or operate dangerous machinery for the next 12 hours, and you must be accompanied by an attendant. For the rest, you can return to your activities. Nevertheless, please avoid during the first 24 hours after the examination any heavy usage of the affected body region.

This is especially valid for **all** activities when a spine puncture has been performed.

Should you notice anything unusual until the following day of your examination, please contact us immediately.

Risks

- In rare cases, bleeding or hematoma can occur along the suture channel. There is also a small risk of a local infection.
- There may be allergic reactions to the products we use, however this happens very seldom.
- After a spine puncture:
 - there may in rare cases occur discomfort sensations (e.g. slight sensing restriction, tickling etc.) as well as paralysis (e.g. buckling when walking). These sensations disappear usually within 6 –8 hours.
 - You must also be informed of the exceptional risk of a neurological accident due to circulatory disorders.
- In the case of infiltration under an X-ray or CT scan guide, the amount of ionising radiation emitted has a low impact on the probability of developing cancer during one's lifetime. In fact, the benefits of a clinically appropriate examination outweigh the risks (see the brochure available in the waiting room or on our website www.affidea.ch).

To prevent this risk and other eventual contra-indications, we ask you to answer the safety questionnaire.

We are at your disposal for any further information.

Name: _____	Date of birth: <input style="width: 100px;" type="text" value=" / /"/>
First name: _____	Weight: <input style="width: 100px;" type="text"/> kg
	Height: <input style="width: 100px;" type="text"/> cm

	YES	NO
Do you take anticoagulants ? If yes : which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from allergies to contrast products? If yes : which : _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any other allergy or do you have asthma? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from a kidney disease or kidney failure? If yes, which: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic? If yes, what medication are you taking (p.e. Metformin)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a stomach ulcer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a recent infection? If yes, are you currently undergoing antibiotic treatment? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been vaccinated recently?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any operation in the body part to exam? If yes, when? <input style="width: 100px;" type="text" value=" / /"/>	<input type="checkbox"/>	<input type="checkbox"/>
For therapeutic injections: Have you ever had a cortisone injection? If yes, when ? <input style="width: 100px;" type="text" value=" / /"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female patients only: Are you, or could you be, pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks / additional information? _____		
<p>By signing below, I confirm to have read the information about this exam and understood and correctly answered this questionnaire and give my consent to the conduct this exam. To better assess my case, I accept that Affidea can request previous reports or exams. I confirm that I will not drive or operate dangerous machinery for the next 12 hours and that I will be accompanied after the exam.</p>		
Signature of patient: _____	Date : <input style="width: 100px;" type="text" value=" / /"/>	