

Informed Consent for Arthrography

Your doctor has referred you to Radiological Associates of Sacramento for an arthrogram of _____ . This consent explains the procedure and possible complications.

Description of the Procedure:

Arthrography is an x-ray exam of a joint to visualize the soft tissue and joint structures. The patient is placed on the x-ray table. Using sterile technique, the radiologist will administer a local anesthetic and insert a needle into the joint space to inject contrast media (dye). Joint fluid may be removed. The radiologist or technologist will take images during the exam. Occasionally, additional images are taken as the joint is pushed or pulled. The exam takes approximately 60 minutes.

Risks of the Procedure:

Some patients experience swelling and discomfort in the joint for 1-2 days. Occasionally, a patient will have a mild reaction to the contrast media including sneezing, nausea or hives. Uncommonly, a serious reaction to the contrast occurs. In the case of some allergic reactions, hospitalization may be necessary. Very rarely, death has occurred related to contrast media.

Women should always inform the doctor or technologist if there is any possibility that they are pregnant.

Alternatives to the Procedure:

Magnetic Resonance Imaging (MRI)

Anticipated Benefits:

Arthrography is done most often to identify abnormalities associated with the shoulder, wrist, hip, knee and ankle. Arthrographic images may allow identification of problems with a joint's function. Arthrography is particularly effective for detecting tears or lesions of the structures and ligaments of the joints, especially the knee, wrist and elbow, as well as rotator cuff tears or damage from a shoulder dislocation.

Consent:

I have been informed of the nature, risks, consequences, and the alternatives of this procedure. No guarantee has been made as to the results. I have read and fully understand the above information. All of my questions have been answered. I consent to have a local anesthetic administered. I give my consent to have this procedure performed.