

Dear Patient

You have been referred for infiltration of the spine by your doctor. Infiltration is carried out according to your doctor's instructions, on the basis of your symptoms and your results into a nerve root, into the epidural space of the back or into joints in the spine.

The purpose of infiltration is to relieve your pain by a local injection of medication. This can also alleviate any muscle tension and complementary therapies, such as physiotherapy, are made easier again.

How is infiltration carried out?

Infiltration is carried out with the assistance of computer tomography (CT). CT enables the needle to be sited very accurately. You will need to lie down for approximately 15 minutes for preparation and infiltration. After a conversation with you, the radiologist will plan the optimum access route using CT images. The skin is desensitised with a fine needle. The needle is then inserted, guided by images on a screen, and local anaesthetic is administered. The correct needle position and active agent distribution is monitored with contrast agents.

A little cortisone and local anaesthetic is administered via this same needle. The local anaesthetic should trigger palpable pain reduction after several minutes. The cortisone inhibits local inflammation.

Dependent on the infiltration site and the doctor's instructions, a water-soluble (Dexamethasone) or a crystalline cortisone (Kenacort®) is administered.

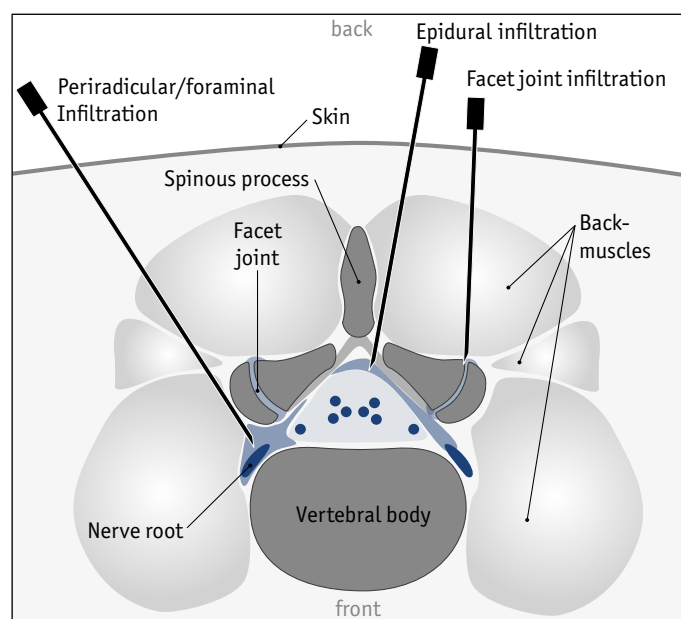
Kenacort® is a crystalline, long-lasting cortisone and a pharmaceutical product approved for use in Switzerland. Kenacort® is frequently administered in joints or synovial bursa and has very often and very successfully been used in the spine for many years.

We advise you that, according to the manufacturer's information, Kenacort® is not indicated for epidural infiltration in the spine. Use therefore occurs outside of the scope of approval. If you do not consent to the epidural administration of Kenacort®, we can administer a different medication. There are alternative preparations with a somewhat shorter effect.

When the local anaesthetic has worn off (several hours) your familiar pain can be partially felt again. The effect of the cortisone will increasingly be felt after approximately 1-3 days. It is rare for pain not to be reduced at all.

What side effects are possible?

- Due to the local anaesthetic, sensory impairments (tingling) may persist for several hours and may cause (sometimes significant) weakness. You must therefore not drive a motor vehicle for several hours following the procedure.
- Haematoma (bruising) is a rare side effect.
- Allergies to the medication used.
- Infections are rare.
- Nerve damage with permanent paralysis is possible in theory, but rare.
- The cortisone can lead to several days of feeling hot and tense.



Surname:

Forename:

Date of birth:

Please answer the following questions

	Yes	No
Do you take blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering from any infections?	<input type="checkbox"/>	<input type="checkbox"/>
Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the use of Kenacort® outside of the scope of approval	<input type="checkbox"/>	<input type="checkbox"/>

Date: Patient signature: Radiologist:

