



## Patient Informed Consent and Aftercare Instructions for Arthrogram Procedure

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure: \_\_\_\_\_

The physician who cared for you today was: Dr. Arvinder Uppal M.D.

### Description of procedure

For this procedure, the physician will use sterile technique, local anesthetic, and image guidance to perform the above-noted procedure. The technologist or physician performing the procedure will explain the nature of the procedure, alternatives, risks, and answer your questions prior to the procedure.

### Risks associated with this procedure

Complications are rare and include bleeding, unusual reaction to medication, infection, and rarely, injury to neighboring anatomy. It is normal to experience tenderness, bruising, slight bleeding or oozing at the site. This tenderness may last several days, but should not cause long term effects or debilitation. You will be able to resume normal activity the day following the procedure and may resume strenuous activity in 1-2 days.

If you have any questions or experience problems related to the procedure, you can contact your referring physician or call us and ask for the physician noted above at 443-917-2855.

### Post-procedure recommendations

- Rest at home for the remainder of the day, no strenuous activity. Tomorrow you may resume activity to your tolerance.
- Resume your regular diet as tolerated.
- You may take your routine medications as prescribed. If you need pain medication for the discomfort, take Tylenol only. DO NOT take aspirin, Advil, Motrin, or any ibuprofen medications.
- Keep the puncture site clean and dry.
- Call us and ask for the physician noted above if you experience fever, chills, fainting, increasing pain, swelling, shortness of breath, or bleeding.

### Signature

Your signature on this form indicates that you have read and understood the information in this form, that your questions have been answered, that you understand the alternatives and risks, and that you consent to proceed. If the patient is unable to sign, check the appropriate box:

Patient is a minor  Patient unable to sign because: \_\_\_\_\_

Signer is:  Patient  Father  Mother  Other Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_