Arthrocentesis

I request Dr. David Traficante to do the following procedure: Arthrocentesis

Communication with my Doctor

Dr. David Traficante has explained the following information:

Procedure:

- Using a sterile technique, the physician may initially use local anesthesia to numb the skin and tissue over the joint. A needle will then be guided into the joint space in order to remove joint fluid for therapeutic or diagnostic purposes.
- Once aspiration is complete, the needle is removed and a bandage applied

Illness or medical condition:

- Arthrocentesis (synovial fluid aspiration) of a joint can be performed either diagnostically (for identification of the etiology of acute arthritis) or therapeutically (for pain relief, drainage of effusion, or injection of medications).

Alternative treatment options:

- You may choose not to have this diagnostic/treatment procedure.

Prognosis and possible risks if I do not have the procedure:

- If you choose not to have this procedure, your physician will not be able to send your joint fluid for diagnostic analysis therefore the ability to know the cause of your joint problem is limited. Your treatment options will be limited. Your condition may get worse. You may die.

Risks of the procedure:

- Bleeding, including but not limited to bleeding into a joint space.
- Bruising and/or swelling at the treatment site.
- Pain or redness at the treatment site.
- The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.
- You may need additional tests or treatment.
- Infection.
- Tear or hole in the blood vessels near the joint.
- Improper needle placement.

In addition to the risks listed above, any health or disease factors that I/my child has that could increase my risks has been explained

Benefits of the procedure:

- This procedure may allow your doctor to determine the etiology of your joint problem. This procedure may also cause relief from a swollen joint.

Consent for Treatment

By signing below, I agree that:

- I have read this form or it was read to me.
- I understand the explanation of the benefits and possible risks.
- I understand my other options and what would happen if I have no treatment.
- I was able to ask questions and they have been answered to my satisfaction.
- I was given the opportunity to have a support person/interpreter present
- I choose to have this procedure done and authorize Dr. David Traficante to complete the procedure and his/her designated associates to assist with the procedure.
- I consent to any other emergency procedure required to treat a life-threatening event during the procedure.
- I consent to the disposal of any tissues or parts that may be removed during the procedure.
- I understand that no guarantee has been made that the procedure will improve the condition.

Signature of patient or person authorized to give consent	(Relationship to patient)	Date
Witness to Patient signature	Witness to Patient (Printed)	Date

I believe that the patient/substitute decision-maker fully understood the review of the operation.

Signature of physician	Date