**Deansgrange Medical Centre**

**Joint Injection & Aspiration**

**Consent Form**

I .................................................................. D.O.B .................................

consent to undergo the operation of **Joint Injection/Aspiration**

the nature and purpose of which has been explained to me by Dr Derbhile Donnelly

I confirm I have read and understand the explanatory leaflet and instruction sheet supplied. I confirm that I have been advised on alternative treatment options, including no treatment and referral, and given an opportunity to discuss these options.

I understand the arrangements for follow-up care and how to access advice and care in an emergency or out-of hours should this be necessary.

I have been advised that the procedure has a low complication rate, however bruising, bleeding, haematoma, infection, dimpling of skin, post procedure pain, tendon rupture and scarring are possible.

**Date** ................... **Signed** ....................................................... (Patient/Guardian)

I confirm that I have explained to the patient the nature and purpose of this operation

**Date** ................... **Signed** ........................................…………….(Dr Derbhile Donnelly)