

INFORMED CONSENT

Adipose Derived Stem Cell & Platelet Rich Plasma

I, _____ have been advised and consulted about the injection technique of adipose derived stem cells and of platelet rich plasma for the treatment of orthopedic conditions.

_____ I understand and voluntarily consent and authorize the following procedure: re-injection of my own adipose derived stem cells to treat joint, tendon, or ligament pain. I understand the procedure may require follow up treatments.

_____ I have been informed that even though this is not yet a FDA approved procedure, this procedure has been used safely and successfully on other patients.

_____ I have been advised that stem cell injection treatments are used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique requires the injection of stem cells derived from my own adipose tissue according to standard fat harvesting and injection techniques. The site of injection is where the ligament or tendon attaches to the bone, at the joint capsule, or inside the joint.

_____ I have been advised that the procedure may initially increase the painful area or reproduce symptoms for one to three days (and occasionally, as long as ten days), and then may decrease in intensity, but may not completely eradicate my symptoms.

_____ I have been advised that platelet rich plasma is an established treatment technique used to tighten and strengthen weak and damaged ligaments and tendons which are believed to cause pain and instability. It is also used to decrease pain and improve function in some forms of arthritis. The technique requires the injection of platelet rich plasma derived from my own blood according to standard blood collection and injection techniques. The site of the injection is where the ligament or tendon attaches to the bone, at the joint capsule, or inside the joint.

_____ I have been informed that the procedure has been used on many patients and has been proven safe. The procedure may initially increase the painful area or reproduce symptoms for one to three days (and occasionally, as long as ten days), and then may decrease in intensity, but may not completely eradicate my symptoms.

_____ I understand the possible benefits of the procedure are to improve or resolve pain and improve function. I acknowledge that no guarantee has been given by anyone as to the results that I may have.

_____ I have been informed that the alternatives to stem cell injections are:

- *Surgical Intervention may be a possibility
- *Injection with steroids
- *Manipulation may provide temporary relief
- *Acupuncture

_____ I have been informed that the risks and complications of stem cell injections are:

- *Immediate pain at injection site
- *Stiffness in the injected point
- *Bruising
- *Allergic reaction
- *Infection
- *Nerve or muscle injury
- *Nausea/Vomiting
- *Dizziness or fainting
- *Swelling after joint injections
- *Bleeding
- *Temporary blood sugar increase
- *Itching at injection site

_____ I have been informed that the risks of not having the treatment are:

- *No pain relief
- *Continued instability of the damaged joint or ligament and probable worsening of pain

_____ I understand that this procedure is usually not covered by insurance and I am responsible for the total charges.

_____ I certify that I understand all the information above in its entirety, have had my questions answered, and the potential side effects explained.

Patients Signature/Date

Consultants Signature/Date