

## SYNVISC INJECTION INFORMED CONSENT

I have determined that you are a candidate for the use of a new principle in the treatment of arthritis that uses the injection of a compound known as Hyaluronate into the joint(s). This device is intended to decrease pain and improve function in the afflicted joint(s). The medication that is to be injected is derived from natural sources and should not be used in anyone allergic to feathers, chicken, eggs, or vaccination products derived from eggs. If you have any of these allergies or problems, let me know and you will not be injected with this medication. It is dangerous to do so.

The most common complications of the injections with Synvisc have been gastrointestinal upset, nausea, transient flare-up of the joint with pain, irritation at the injection site, skin irritation at the injection site, and headaches. Violent allergic reactions have been reported in a small number of cases. If any of the above symptoms or signs appear after you receive the injection, or if you have any other problems, you should call me.

It will be necessary for you to receive a series of three injections. You may not notice improvement until the last of the series of injections. If you discontinue the injections because of adverse reaction before the completion of the injections, you may not realize any benefit from the treatment.

As in any injection into a joint there is a chance of infection being introduced into the joint. If this were to occur, aggressive treatment including the possibility of surgery might be necessary.

There is no treatment for arthritis that benefits every patient. There is no guarantee, implied or stated that the treatment will be effective in your case.

There are other similar types of treatment (such as cortisone injections) which may temporarily resolve your symptoms. You have agreed that Synvisc is appropriate in your situation. Synvisc has been approved by the FDA as a "device". It has not been approved as a drug or medicine.

I, \_\_\_\_\_, have been fully informed of the risks, hazards and complications of the injections of Synvisc into my joint(s).

I request that my Physician, Dr. \_\_\_\_\_, inject my \_\_\_\_\_ joint(s) with Synvisc.

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Witness**