AUCKLAND REGENERATIVE CLINIC

ARTHROSAMID® KNEE INJECTION – CONSENT FORM

Patient name: _____

Joint/site: _____

What is Arthrosamid®?

Arthrosamid® is a permanent gel injected into the knee to help reduce osteoarthritis pain and improve movement. Usually, about 6 mL is injected using sterile technique, local anaesthetic, and ultrasound guidance. Results are not guaranteed.

What can I expect?

Many patients feel better, and the benefit may last several years. Arthrosamid® does not cure arthritis or regrow normal cartilage. Improvement may be partial, take time, or be temporary. Some patients may not improve.

Possible risks

You may have temporary pain, swelling, stiffness, warmth, bruising or a flare-up for up to one week. Less common risks include bleeding, allergic reaction, and infection. Rarely, nearby structures may be injured.

Antibiotics

We use strict sterile technique. The manufacturer recommends preventive one-off antibiotics to take 2 hours before the hydrogel injection. These will be chosen based on your allergies and medical history.

Please tell us before treatment if you have:

- ☐ Current or recent infection, including a skin infection near the knee
- ☐ Blood thinners or a bleeding disorder
- ☐ Recent knee surgery or injection
- ☐ Pregnancy or breastfeeding
- ☐ Allergy to medicines or antibiotics

After the injection

Rest for 48 hours and avoid strenuous or high-impact activity. Seek urgent advice from your specialist or urgent medical care if you develop severe or worsening pain, significant swelling, redness or heat, fever, or chills.

Consent

I understand the treatment, its expected benefits, limits, alternatives, and important risks. I have had a chance to ask questions. I understand that results are not guaranteed, and I agree to an Arthrosamid® injection into the knee listed above.

Practitioner's Confirmation of Discussion: I, Dr. Hassan Mubark, Rheumatologist FRACP, confirm that I explained the treatment, gave the patient a chance to ask questions, answered them in understandable language, and provided contact details for follow-up care.

Patient signature: _____ Date: _____

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