



## **ADVANCED PAIN CENTERS, S.C.**

2260 W. HIGGINS ROAD • SUITE 101 • HOFFMAN ESTATES, IL 60195  
PHONE (847) 608-6620

### ***HOT FLASHES***

The use of the stellate ganglion block is approved for various pain conditions, but it may be considered experimental or investigational for hot flashes. We are conducting this study to further research the validity of its use. There is no federal, state or other funding for this.

You will be seen at the office initially to determine your past medical history, previous medical treatments and an initial examination. Your insurance company will be billed for the initial new patient visit using the diagnosis relating to your specific symptoms. If you are determined to be a candidate for the study and sign the consent form, you will be asked to complete a questionnaire before treatment and a log of the daily activity and experiences indicating any side effects or changes after treatment. These forms will assist us in the evaluation of the results of this study.

Next you will be scheduled for the stellate ganglion block procedure in our fluoroscopy suite. After preparation, the side of your neck will be injected, using a local anesthetic to numb the area first. If you prefer, sedation is available as well. A liquid, known as a contrast agent, is injected to help visualize the area where the blocking agent will be injected and fluoroscopy (X-ray) is used to show the spot for injection. Marcaine, a commonly used anesthetic drug, is injected at this spot into the ganglion nerves on the side of the neck. The procedure will take less than a half hour. After it is completed, you stay at the office for about one half hour for observation. Your blood pressure will be monitored. A highly likely side effect of the procedure that will be watched is Horner's syndrome. This includes a drooping of the right eyelid, redness in the eye, and sweating on the right side of the face. This reaction will last about eight (8) hours.

During the first week following the procedure, you will keep a diary that will be given to you at the time of your procedure. You will receive a postoperative follow up call within five to 7 days after your procedure. At the time of this call you will need to have your diary available. If you report that your hot flash symptoms are returning and are more frequent, this may be an indication that the effect of the procedure is wearing off. We can repeat the procedure once; however, it must be at least two or more weeks apart. If a third injection is needed, you will be required to make an office visit prior to having a third injection to evaluate if a third injection will be done. The maximum number of blocks is three. Frequency depends on patient symptoms. With repeated blocks the chance of a side effect occurrence increases with each additional injection.

We encourage you to discuss this treatment with your primary care and/or gynecologist and have them call us if they have any questions before, during or after your procedures. We will be happy to copy them on any of your follow up visit notes.

We have a Stellate Ganglion brochure if additional information is needed about the procedure or visit our website at [www.painmngt.com](http://www.painmngt.com) to download a copy of the brochure. Please call our office to schedule an appointment. Our toll number is (847) 608-6620.

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I understand that while the stellate ganglion injection has been used to treat RSD for years, its use for hot flashes is not FDA approved. I understand that my participation is VOLUNTARY and if I do not want to continue the hot flash injections at any time I may do so and it will not affect my relationship with Advanced Pain Centers or its physicians and my right to health care or other services to which I am entitled. I further understand that the physician may stop the injections without my consent if circumstances arise which warrant doing so. The physician will make the decision and I will be told that it is not possible for me to continue. The decision may be made either to protect my health and safety or because the practice has decided to discontinue the study.

I understand that if I elect to have this procedure I am allowing Dr. Eugene G. Lipov or Dr. Jaydeep Joshi to inject me with an anesthetic substance and that this is a surgical procedure that may or may not work for me or the effects may not be long-lasting. I understand that my medical records may be released to other medical professionals and to my insurance company for the purposes of any research, treatment, payment and operations. I further understand that this may require a series of up to three injections and that my insurance most likely will not cover this because it is experimental or investigational. If it is a non-covered service by my insurance company, I understand that I will not be billed for the service. However, if it is a covered service by my insurance company, I understand that I will be responsible for all applicable copays, coinsurance and deductibles. I understand that I must sign an authorization to allow disclosure of my medical information regarding this treatment. I understand that I must complete a Questionnaire and maintain a daily diary following my treatment. I must return for scheduled follow up appointments when needed.

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Signature

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Date

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Printed Name