**Discharge Instructions**

**Procedure Performed:** Transforaminal Steroid Injection Interlaminar Steroid Injection Radiofrequency Ablation

Facet Steroid Injection Medial Branch Block(s) Nerve Blocks SI Joint Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Several medications will be administered to you during your procedure. We have provided you with verbal/written information about why certain medication are being used and the possible side effects they may have on you. Sedation/narcotic medications may cause excessive drowsiness and also impairs your judgement. **Do not** drive a motorized vehicle, operate heavy machinery, make any important legal decisions, or make any big purchases for the next 12 hours. Drinking alcohol may interact with the sedation/narcotic medications and increase side effects over the next 12 hours should be avoided.

**I have reviewed and understand the medication information and instructions provided to me. Patient Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet**: After the procedure begin with liquids and soft foods. Advance to regular diet as tolerated.

* You may resume taking your pre-op medications as directed. **DO NOT RESUME** anticoagulants/NSAIDS/or certain supplements until the next day, unless instructed otherwise by your physician.
* If corticosteroids were used for your procedure (used to decrease inflammation), it may take up to 2 weeks to notice a change in your condition.
* Steroids may temporarily raise your blood sugar level, especially if you are diabetic. Diabetic patients may have increased blood sugars for several days afterwards and should notify their primary care physician if any problems occur due to elevated blood sugars.
* Some possible side effects may occur temporary afterwards, they include: increased blood pressure, rapid heart rate, dull headache, increased appetite, mood swings, restlessness, difficulty sleeping, facial “flushness,” weight gain, and may even disrupt ones menstrual cycle.

**Activity:**

* The injection you received today may contain local anesthetics which can cause some numbness/weakness for 4 to 8 hours in the affected area. **Use caution** when standing or walking during that period of time.
* Rest on the day of your procedure to avoid any activity that may cause discomfort or pain. You may resume your normal activities the following day. Special instructions will be provided to those needing to resume physical therapy, laborious work, and/or sport activities.

**Dressings:**

* Injection patients may remove any dressings 15 minutes after the procedure. You may shower afterwards. **Avoid** tub baths, hot tubs, Jacuzzis, and swimming pools for the first 48 hours.
* If for any reason your dressing becomes saturated with blood or bodily fluids, **please call (559) 221-9905 Ext. \_\_\_\_\_\_**. If there is no answer or it is afterhours, please leave a voicemail so that your issues are addressed in a timely manner.
* It is normal to develop soreness at the injection site, so ice packs covered with a cloth may be used for the next **24 hours**. You may apply at the injection site every hour while awake, with 20 minutes on and 20 minutes off **as tolerated**.

**Diagnostic Procedures Only:**

* **DO NOT TAKE** pain medication for the first six hours after your injection unless instructed otherwise by your physician.
* Diagnostic procedure patients may be instructed to perform specific activities afterwards to complete a pain log as directed.

**Contact Dr. Ky @ 559-221-9905 IMMEDIATELY if the any of the following occurs after your procedure:**

* If you develop a fever over 101o F
* If you develop any skin irritation, rash or hives @ the injection or IV sites.
* If you get a headache that worsens when standing that is relieved by lying flat.
* If you notice excessive bleeding, unexpected wound drainage, swelling/redness/excessive warmth around the injection site(s).
* If you develop **Severe** back pain that is not relieved by anything @ home or any medication ordered by your physician.

**Call 911 Immediately & ONLY go to the Emergency Room @ Community Regional Medical Center (CRMC) in downtown Fresno**

If you experience any of the following symptoms:

* Loss of bowel or bladder control.
* Loss of the ability to use your arms or legs.
* Notice any “Saddle” numbness/tingling/heaviness in the perineum (the area between the vagina/scrotum and the anus).
* Have any persistent numbness, and/or weakness of the arms or legs after you have been discharged from the surgery center that is **different** from any numbness and/or weakness that you had before your procedure.

**CALL 911** for **ANY** *of the following***; difficult breathing, chest pain, or all other life threatening emergencies occur.**

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Patient/ Responsible Party Signature/Date RN Signature/Date

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| **Ky Advanced Surgical Center - Logo**  **Physician Post-Operative Instructions/ Discharge Instructions** | Patient Label |

A copy is given to the patient and one copy is to be placed in the patients’ physical chart. Revised 07/2020