



DISCHARGE INSTRUCTIONS

GENERAL INFORMATION

During the first 4-6 hours after the injection, there is a chance that you may develop mild weakness, numbness or lightheadedness. This is most likely caused by the local anesthetic deposited during the injection and is not cause for alarm. If symptoms occur, limit your activity to avoid falling or injuring yourself. Be careful not to drive or walk unassisted until the symptoms subside.

Most people feel improvement within 2-3 days; however, individual variations are common. Some people may even experience an increase in their pain for the first 24 to 48 hours after the injection due to irritation from placement of the needle or the injected solution. Because of individual variations, it is best to wait at least 10-14 days to evaluate the effectiveness of the procedure.

Side effects of steroid can include but are not limited to flushing of the skin, difficulty sleeping, irritability and headache. These symptoms typically resolve within 1-2 days. If you are diabetic, you may also notice and increase in your blood glucose levels for the following 1-2 weeks.

If you are uncomfortable post procedure, please use any symptom relieving treatment you have found useful in the past (i.e. apply ice, massage, rest, relaxation, etc.). Avoid using heat to the injection site for 2 weeks. This includes Jacuzzi, tubs, baths, and heating pads. You may also resume any medication you were taking prior to the procedure such as anti-inflammatory drugs, muscle relaxants or prescriptive pain medications. If your injection is diagnostic in any way please avoid any of these treatments until your pain evaluation is complete (usually 4-6 hours post procedure). If you experience severe increase in symptoms, develop a fever or have increased redness and warmth at the injection site please call the office at (509) 574-3805.

In regards to activity level, take it easy over the next 24 hours. Try not to exceed your current activity level even if your pain is reduced. Check with your referring physician for exact activity instructions beyond the first 24 hours. If you received sedation, you may not drive or perform any activity which requires you to be mentally alert with normal reflexes for the next 24 hours. Drink plenty of fluids when you return home.

PROCEDURE PERFORMED TODAY

□ Epidural/Selective Nerve Root Block:

Injection of steroid and/or local anesthetic into the epidural space or the spinal nerve sheath has been found to be both diagnostic and potentially therapeutic for alleviating discomfort of the legs and arms secondary to compression of the respective nerves due to bulging discs, bone spurs and other potential causes. Steroids are potent anti-inflammatory drugs that act to decrease the swollen and inflamed nerves thus relieving your clinical symptoms.

□ Facet/Medial Branch Block:

Injection of steroid and/or local anesthetic into the facet joint(s) or onto the medial branches that supply pain sensation to the joints has been shown to be primarily diagnostic for determining the source of your neck and back pain. Potential therapeutic benefits may also be obtained by decreasing the inflamed and irritated joint(s) as a result of trauma or arthritic deterioration by depositing steroids into the joint(s).

If your procedure is diagnostic it is of vital importance that you purposefully perform provocative maneuvers in order to evaluate treatment efficacy over the next 4 to 6 hours. Keep a pain diary and record the overall percentage of improvement and duration of relief. Although long term relief may not occur, this aids your referring physician in isolating the source of your pain.

□ Medial Branch Radio-frequency Neurotomy (Facet Rhizotomy):

This is a non-surgical treatment for facet joint syndrome once confirmed by medial branch blocks. This procedure interrupts the nerve supply to the facet joint(s) by heating the nerves using a radio-frequency probe at 80 degree Celsius. The targeted nerves are isolated using both sensory and motor stimulation.

You may experience discomfort after the burning of the medial branch nerves due to the irritation of the surrounding tissues. It is also possible to develop a hypersensitive area at the injection site. This may take several days or up to 3 weeks to resolve. You may use any symptom relieving treatment you have found to be useful in the past (i.e. apply ice, massage, rest, relaxation, etc.). You may also resume any medication such as anti-inflammatory drugs, muscle relaxants or prescriptive plan medications.

There are no specific restrictions to your activity level secondary to today's procedure. However, if you received sedation, please follow the cautionary measures provided to you for the next 24 hours.

□ **Discography:**

This is a diagnostic procedure to evaluate the integrity of the discs and confirm or refute if the disc(s) is the primary source of your pain. This test is intended to provoke your pain. The targeted disc(s) is pressurized in order to evaluate the type of the pain produced. Based on the data collected, your referring physician will gain further information as to the source of your pain.

You will most likely experience temporary increase in your usual symptoms post injection. You may use any symptom relieving treatment you have found to be useful in the past (i.e. apply ice, massage, rest, relaxation, etc.). Please resume any medications you were taking prior to the procedure, including anti-inflammatory drugs, muscle relaxants, or prescriptive pain reliever. The increase in discomfort usually resolves in 24 to 48 hours. If you received sedation please follow the cautionary measures provided to you for the next 24 hours.

□ **Sacro-Iliac Joint Injection:**

Injection of steroid and local anesthetic into the sacro-iliac joint has been shown to be both diagnostic and potentially therapeutic for alleviating symptoms stemming from the sacro-iliac joint (SIJ). Steroids are potent anti-inflammatory drugs that act to decrease the inflammation in the joints thus relieving your clinical symptoms.

□ **Lumbar Sympathetic/Stellate Ganglion Block:**

Complex Regional Pain Syndrome (CRPS), Reflex Sympathetic Dystrophy (RSD) and Causalgia are all terms used to describe painful syndromes caused by abnormalities in the sympathetic nervous system. Today's injection will help your referring physician confirm the diagnosis of sympathetically maintained pain and design an appropriate treatment plan. Please inform your referring physician of any changes in your symptoms after this injection.

In regards to activity level, take it easy over the next 24 hours. Sympathetic blocks are most useful when coupled with ongoing physical therapy, however, check with your referring physician for specific activity instructions hereafter.

If you received the stellate ganglion block please be cautious when swallowing, and drink liquids through a straw for 4 to 6 hours post-procedure. It is also normal to experience mild facial drooping on the side the injection was done which should also resolve in 4 to 6 hours.

□ **Injection:**

Injection of steroid and local anesthetic into the _____ joint has been shown to be both diagnostic and potentially therapeutic for alleviating symptoms stemming from the joint. Steroids are potent anti-inflammatory drugs that act to decrease the inflammation in the joint thus relieving your clinical symptoms.