



PATIENT DISCHARGE INSTRUCTIONS FOR INJECTIONS

- Caudal ,Cervical, Thoracic, or Lumbar Epidural
- Transforaminal epidurals
- Sacroiliac Injection
- Knee Injection
- Facet Block
- Medial Branch Block
- Trigger Point Injection
- Bursa Injection
- Other injection _____

MEDICATIONS: You may resume taking your pre-injection medications immediately. If you are taking a blood thinner, you may resume it 12 hours after your procedure.

SEDATION: If you received sedation during your procedure, have a responsible adult drive you home. Avoid driving, operating machinery, or making any major decisions for 24 hours.

ACTIVITY: You may experience increased discomfort for 24 hours or so after the injection due to irritation from placement of the needle or the injected solution. Limited activity and rest is recommended for this time period. Avoid heavy lifting, unusual positions, vigorous exercise, or other maneuvers which can exacerbate your pain. You may gradually resume regular activities as your discomfort subsides.

CARE OF INJECTION SITE: You might experience some discomfort in the area of the injection. Use ice only for the first 24 hours. Apply ice to this area 20 minutes on then 20 minutes off. You may use moist heat or ice after 24 hours (whichever you prefer).

Steroid medications can take 2-5 days to become effective; therefore, you may not experience immediate pain relief. If you are a diabetic, the steroid may increase your blood sugar for 7-14 days. Should your blood sugar increase, please call the physician that manages your diabetes.

Please call the office if you experience signs or symptoms of an infection: redness, swelling, drainage, fever (over 100.5) or if you have any change in your bowel or bladder control, have increased numbness, tingling or weakness in your feet, severe leg pain or arm symptoms. If you cannot reach the office please proceed to nearest ER.

If you develop a headache, maintain bed rest, increase fluid and caffeine intake. If the headache persists contact the office.

NOTES: _____

Please call Advanced Pain Solutions at (616) 841-2615 if you have any questions or concerns.

X _____

Date: _____

(Patient signature)

X _____

(RN/MA signature)