



POST--PROCEDURE INSTRUCTIONS

1. Today, you have received an injection for the management of your pain. Please expect some discomfort for the next 2--3 days following your procedure. Use of ice to the injection site for increments of 20 minutes at a time every hour may be helpful in reducing any discomfort.
2. Go home and rest today. Limit your activities today.
3. If significant redness, swelling, warmth or severe pain occurs at the injection site, please call our facility.
4. If you develop a fever and/or chills or bowel or bladder problems, please call our facility.
5. It is not uncommon to develop numbness or weakness in an extremity after a spine or lower extremity nerve injection. Please use great care with weight-bearing activities, as you may be prone to falling. Have someone assist you with walking, if necessary. It is advised that you remain off your feet until the numbness and/or weakness subsides, usually within 2--4 hours. If the numbness or weakness persists beyond the day of the procedure, please call our facility.
6. Do not drive or operate machinery for the next 24 hours, unless instructed otherwise.
7. If you have been taken oral sedating medication, it is advised that you do not operate machinery, drive or make legal decisions for the next 24 hours.
8. If you experience a headache, continue resting, lie flat on your back, elevate your legs and drink extra caffeinated fluids. If your headache lasts greater than 24 hours, please call our facility.
9. Keep the injection site and Bandage clean and dry on the day of the procedure. In the morning, following the procedure, remove the Bandage and cleanse the area thoroughly with soap and water. You may then resume normal activities.
10. If you stopped a blood thinning medication for your procedure, restart it 24 hours after your procedure.
11. If you are a diabetic and received a steroid injection today, please follow your blood sugars closely over the next 3 weeks. If your blood sugars are high, contact your PCP immediately to help you control your blood sugars.

Your follow--up appointment is scheduled for am/pm on

PLEASE SIGN BELOW THAT YOU UNDERSTAND THE ABOVE INSTRUCTIONS

PATIENT'S NAME (PRINT):

SIGNATURE: DATE: