



RichmondSpine

INTERVENTIONS & PAIN CENTER

Post Procedure Discharge Instructions

Activities

- You should rest at home for the rest of the day; limit your activities for the next 12 hours.
- AVOID alcoholic beverages, driving an automobile, operating heavy/electrical equipment, sharp/dangerous objects and making legal decisions for the next 24 hours.
- DO NOT smoke alone today.
- DO NOT engage in activities requiring the use of the affected extremity until normal sensation and strength have returned to that extremity.
- Be careful as you walk and/or climb stairs. You could experience some weakness or dizziness from the medications.
- Do not take a bath, use a hot tub or swim in a pool for 2 days after the injection. You can shower as usual.
- Be especially careful with young children.

Dressing Care

- Keep the site clean and dry.
- You may remove the bandage after a few hours, unless drainage is present.
- Contact your physician if you have a blood soaked bandage or continued oozing at the site.

Other Instructions

- For your safety you must have a responsible adult to drive you to and from your appointment and stay with you overnight.
- Remember, you may not experience the full effect of your procedure for up to 14 days.
- If you have not been given a follow-up appointment, please contact our office.
- Soreness at the injection site is expected for several days following the procedure, apply an ice pack for no more than 30 minutes at a time to help ease the pain.
- You may resume your usual diet and medications after the procedure unless specifically instructed otherwise. We suggest you start with a light diet and progress as you tolerate food.

Complications

Although we do not anticipate any complications, please notify us immediately if you experience any of the following symptoms:

- Temperature of 100.4 degrees or greater
- Loss of bowel or bladder control
- Loss of motor function in arms or legs
- Excruciating pain at the procedure site.
- Headache in the standing or sitting position, which is relieved by lying down.
- Blood soaked band-aids or dressing with continued bleeding or oozing from the site.
- Severe nausea and/or vomiting lasting more than eight (8) hours.
- Allergic reaction with rash, welts, extreme itching, shortness of breathe. Severe shortness of breath/chest pain should be treated as an EMERGENCY, go to the nearest ER for treatment.



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Pain Diary

Please rate your pain level on a 0-10 scale, with 0 being no pain and 10 being the worst pain possible. Record your pain in the morning and the evening starting the day after your procedure or starting a new medication. Please call our office should you have any questions or concerns.

Patient Name: _____ Date: _____

	Date	AM	PM	Comments
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

If you have completed this pain diary, please bring it with you to your next appointment.