

GUIDE FOR PATIENT PROCEDURES

You have been scheduled for a non-surgical injection procedure. Your physician has informed you of the type of procedure you are scheduled to have.

INSTRUCTIONS PRIOR TO APPOINTMENT

- The entire process (from check in to discharge) takes approximately 1½ hours. Please be at the *Center for Spine Procedures, P.C.* 30 minutes prior to your scheduled procedure time.
- A light snack can be taken up to two hours before the scheduled procedure time.
- **Medications including pain pills, and especially heart / blood pressure / diabetic medications, should be taken the morning of the procedure.**
- Do not take any blood thinners, anti-inflammatory medications (NSAIDS), or aspirin for 3 days prior to your procedure. Examples include Motrin, Ibuprofen, Advil, Aleve, Celebrex, Naprosyn, Lodine, Mobic, and Indocin. You will be given specific instructions if you are on Coumadin, Lovenox, Arixtra, Heparin, or Plavix. Please call our office at 770-421-1420 if you are unsure about your medication.
- If you are to have Valium prior to the procedure, it will be necessary to have an adult drive you and wait at the Center during the procedure. You will not be allowed to drive home.
- If you have mitral valve prolapse or normally take antibiotics prior to procedures, please notify your physician

THE PROCEDURE ITSELF

The performance of this procedure causes very little significant discomfort to patients. An I.V. will be started prior to the procedure. The area to be injected is cleansed with antiseptic solution and draped in a sterile fashion. Anesthesia is obtained by injecting a small amount of local anesthetic into the skin and underlying tissues. There should be minimal discomfort felt by the patient during the injection. Should any pain be felt, more local anesthetic can be administered. After the injection, patients will be monitored for 15 to 30 minutes and then allowed to go home. Occasionally, patients may experience some numbness after the procedure. This is short-lived and should be gone by the end of the day.



AT HOME AFTER YOUR INJECTION

PAIN MEDICATION: For minor discomfort, non-prescription pain relievers may be used as directed on the product labels. Medication prescribed by your physician may be taken as directed for discomfort not relieved by non-prescription medication.

ACTIVITY / DIET: You may be up and around as tolerated according to your level of comfort; however, plan to take it easy the remainder of today. Intermittent use of an ice pack is acceptable. Do not use heat for 24 hours after the procedure. You may eat and drink fluids as you desire and we suggest that you increase your fluid intake after the procedure.

RARE POST-PROCEDURAL SYMPTOMS

You should be alert to report any signs of infection, including but not limited to redness and/or warmth at the needle puncture site, increased pain other than expected from the procedure, swelling, drainage, chills, night sweats, and fever above 101° F. Should you develop a headache, stay quiet with your head and body flat, drink plenty of fluids, and take a pain reliever. If your headache persists beyond 12 hours or is noticeably increased by standing upright, it may be an indication of a spinal fluid leak and our office should be notified – even after normal business hours. Usually, in this event, the symptoms are self-limiting and resolve in time without additional treatment, although increasing fluids and caffeine intake may help.

Patient Name

Signature

Date



VERY IMPORTANT

3 DAYS BEFORE YOUR PROCEDURE,
YOU ARE NOT TO TAKE ANY OF THE
FOLLOWING:

- ASPRIN
- ANTI-IMFLAMMATORIES
- BLOOD-THINNERS

IF YOU DO TAKE ANY OF THESE
MEDICATIONS WITHIN 3 DAYS OF YOUR
PROCEDURE, YOU WILL HAVE TO BE
RESCHEDULED.

PLEASE TAKE ALL BLOOD PRESSURE,
HEART, OR DIABETIC MEDICATIONS
THE MORNING OF YOUR PROCEDURE.

IF YOU HAVE ANY QUESTIONS, PLEASE
CALL 770-420-4654



THE CENTER FOR SPINE PROCEDURES, P.C.

Name: _____ Date: _____

Medical Allergies: _____

Latex / Environmental Allergies: _____

Are you allergic to shellfish? _____ Yes _____ No

Current infection or communicable disease? _____ Yes _____ No

Are you pregnant? _____ Yes _____ No Date of last menstrual period: _____

Current Medications: **Strength:** **Times per day:** **Date & time of last dose:**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Patient Signature: _____