

## DISCHARGE INSTRUCTIONS FOR INJECTION PROCEDURES

You received a ----- today.

After most injections, it is recommended that you relax and limit your activity for the remainder of the day unless you have been told otherwise by your pain physician.

You should not drive a car, operate machinery, or make important legal decisions unless otherwise directed by your pain physician.

You may resume your normal activity, including exercise, tomorrow.

Keep a written pain diary of **how much pain relief** you experienced following the injection procedure and **the length of time** of pain relief you experienced pain relief. Following diagnostic injections like facet blocks, sacroiliac joint blocks, stellate ganglion injections and other blocks, it is very important you record the specific amount of pain relief you experienced immediately after the injection and how long it lasted. Your doctor will ask you for this information at your follow up visit.

For all injections please keep the injection site dry and inspect the site for a couple of days. You may remove the Band-Aid the day of the injection at any time.

**Some discomfort, bruising or slight swelling may occur at the injection site.** This is not abnormal if it occurs. If needed you may:

- Take over the counter medication such as Tylenol or Motrin.
- Apply an ice pack for 30 minutes, 2 to 3 times a day for the first 24 hours.

You may shower today; no soaking baths, hot tubs, whirlpools or swimming pools for two days.

If you are given steroids in your injection, it may take 3-5 days for the steroid medication to take effect. You may notice a **worsening** of your symptoms for 1-2 days after the injection. This is not abnormal. You may use acetaminophen, ibuprofen, or prescription medication that your doctor may have prescribed for you if you need to do so.

A few common side effects of steroids include facial flushing, sweating, restlessness, irritability, difficulty sleeping, increase in blood sugar, and increased blood pressure. If you have diabetes, please monitor your blood sugar at least once a day for at least 5 days. If you have poorly controlled high blood pressure, monitor your blood pressure for at least 2 days and contact your primary care physician if these numbers are unusually high for you.

**If you take aspirin or non-steroidal anti-inflammatory drugs** (examples are Motrin, Advil, ibuprofen, Naprosyn, Voltaren, Relafen, etc.) you may restart these this evening,

but **stop taking it 3 days before your next appointment, unless instructed otherwise by your physician.**

You do not need to discontinue non-aspirin-containing pain medications prior to an injection (examples: Celebrex, tramadol, hydrocodone and acetaminophen).

**If you take a blood thinning medication** (Coumadin, Lovenox, Fragmin, Ticlid, Plavix, Pradaxa, etc.), **please discuss this with your primary care physician/cardiologist and your pain physician.** These medications **MUST** be discontinued before you can have an injection safely, without the risk of uncontrolled bleeding. If these medications are not discontinued for an appropriate period of time, you will not be able to receive an injection.

If you are taking Coumadin, please have your INR checked the morning of your procedure and bring the result to your appointment unless otherwise instructed. If your INR is over 1.2, your injection will need to be rescheduled to avoid uncontrolled bleeding from the needle placement.

**Call the Pain Medicine Practice at (312) 695-2500 between 8am-4pm Monday - Friday if you are experiencing the following:**

If you received an epidural or spinal injection:

- Headache that does not go away with medicine, is worse when sitting or standing up, and is greatly relieved upon lying down.
- Severe pain worse than or different than your baseline pain.
- Chills or fever (101° F or greater).
- Drainage or signs of infection at the injection site

Go directly to the **Emergency Department** if you are experiencing the following and received an epidural or spinal injection:

- Abrupt weakness or progressive weakness in your legs that starts after you leave the clinic.
- Abrupt severe or worsening numbness in your legs.
- Inability to urinate after the injection or loss of bowel or bladder control without the urge to defecate or urinate.

If you have a clinical question that cannot wait until your next appointment, please call [312-695-2500](tel:312-695-2500) between 8am-4pm Monday – Friday or send a MyChart message. We do our best to return all non-emergency messages within 24 hours, Monday - Friday. A nurse or physician will return your message.

If you need to cancel an appointment please call the scheduling staff at 312-695-2500 during normal business hours or leave a message at least 24 hours in advance. The on-call fellow will not be able to cancel your appointment.

If you are going to be sedated for your next procedure, you **MUST** have an adult accompany you home. You cannot eat or drink for **six** hours prior to the planned procedure if you are going to receive sedation. You may take your non-blood thinning medications with a small sip of water.

For more information and to read more about the procedures we perform and **frequently asked questions**, you can visit the Northwestern Medical Faculty Foundation website at <http://pain.northwesternmedicine.org/>.