# Introduction

You have a spine related pain problem that has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation, identification of the pain generator, confirmation of diagnosis or treatment of your pain. The incidence of serious complications listed here requiring treatment is very low. Your physician believes the benefits of the above procedure outweigh its risks and it is your decision and right to accept or decline to have the procedure done.

Take as much time as you wish to read this information and ask questions of the doctor or his associates. You have the right to ask questions about and understand spinal injections as well as you can before making a choice about what to do. After learning about your condition, you and the doctor are the ones who decide together if and when you should have a spinal injection based on your needs and medical condition. This spinal injection procedure is not an emergency. I understand I may decide not to have this procedure.

# Benefits of spine injections

Benefits include increased likelihood of correct diagnosis and /or of decrease or elimination of pain.The benefit of the anti-inflammatory effect of steroid and the numbing effect of the anesthetic is to provide pain relief of course. This can be applied to any number of chronic, painful conditions including, but not limited to: \* Joint pain of various types (osteoarthritis) \* Tendonitis and tendon or ligament injuries \* Bursitis of the shoulder, hip, knee or large muscles \* Carpal tunnel syndrome \* Myofascial pain syndrome (“trigger points”) \* Herniated discs or other pain of spinal origin \* Facet or sacroiliac joint syndrome \* Neuralgia or other chronic nerve related pain \* Radiculopathy or stenosis/claudication \* Pelvic pain & other chronic pain syndromes

# What to expect after injections

There is NO guarantee that a procedure will cure your pain, and in rare cases, it could become WORSE, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below.

## Alternative options

Alternatives to the procedure include medications, physical therapy, surgery, etc.

***Injury to surrounding viscera***: air in lung (Pneumothorax) requiring chest tube in hospital

## Risks associated with specific procedures:

***Trigger Point Injection, Peripheral Nerve block, Occipital Nerve Block:*** In addition to the above complications, air in lung (Pneumothorax) requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of/depression in skin.

***Joint injection***: In addition to the above complications, injection and fluid collection in the joint(s) may require antibiotic treatment, fluid aspiration and surgical interventions.

## *What is conscious sedation?*

About Sedation Conscious sedation is the primary method of sedation used for spinal injections. It is a technique whereby medications such as midazolam are injected through an IV (intravenous) site which produces a relaxed state that will allow you to better tolerate any discomfort during the procedure. After you are positioned for the procedure, a trained nurse will administer the medication. You are often very sleepy, able to speak and respond appropriately to questions though you may slur your words a bit. There is usually a short period of amnesia which reduces or eliminates memory of the procedure itself, and of conversation carried on during the process. Do not expect to go completely to sleep; you will still be able to respond.

Epidural and Nerve Root Injections

Risks of the procedure

We take all precautions possible to minimize these risks, including involving your primary care physician or other provider if you are on blood thinners or have a history of infections. If you have an active bleeding disorder or a current infection, the procedure may not be done due to increase risk to you. The x-ray machine (and contrast dye, unless you are allergic) are used to minimize risk from nerve injury since everything can be visualized at all times. Even after taking steps to minimize risks from x-ray guided spinal injections, the following may still occur, but are considered to be RARE occurrences: Allergic reactions –allergic reaction from local anesthetics, iodine, contrast (X-Ray dye), materials containing latex, IV anesthetics and/or other medications

Pain flair - You may experience some injection site tenderness and increased pain for a few hours or even a couple of days after your injection(s). This normally settles on its own in time.

Non-relief or worsening of symptoms - The benefit gained from a spinal injection(s) is variable. Furthermore, it can take up to two weeks to notice any benefit gained. Some patients will experience days, weeks, months or even years of relief following their injection(s), whilst others unfortunately do not benefit at all. It is rare, but occasionally patients feel their symptoms are aggravated by their spinal injection.

Side effects of steroids;( usually transient)- facial flushing, elevation in blood glucose, headache, increased appetite, weight gain, swelling, menstrual irregularities, hoarseness, numbness, infection, abnormal heartbeats, increased blood pressure, stroke, heart attack, insomnia, etc.

Infection of skin, tissue, bones, joints, discs, nerves, ligaments, possibly blood stream (Sepsis), brain and spinal cord (Meningitis) may require hospitalization.

The risk of infection is less than one per cent. If you develop an infection it is likely to be a wound infection that will resolve with a short course of oral antibiotics. Occasionally patients develop a deep spinal infection which is much more serious and may require a prolonged course of intravenous antibiotics or surgery

Bleeding and clot formation into epidural space (Epidural Hematoma) and into spinal canal (Spinal Hematoma) may require surgical interventions such as an evacuation of blood from epidural space or spinal canal and decompression surgery . Bleeding - Rarely you may get some bleeding and/or bruising around the injected area which may cause increased pain for a few days

Nerve damage, nerve injury, tissue injury, tissue damage, temporary and permanent numbness and/or weakness, paralysis, spinal cord injury, urinary and/or fecal incontinence

Scar formation around the spinal nerves- arachoniditis

Problems with prone position

This can happen when the spinal needle comes into contact with the nerve or nerve sheath causing temporary loss of feeling (numbness) or weakness in the legs and/or possible short term bowel and bladder dysfunction

Spinal fluid leak: Headache (“Spinal headache”) may require blood patch (Injecting your own blood into epidural space) and hospitalization

Headaches – It is rare, but you may develop a post procedure headache. This can occur when the spinal needle unintentionally punctures the outer covering of your spinal cord causing leakage of the spinal fluid (CSF). This headache can be eased by lying flat and drinking caffeinated beverages. If you develop a post procedure headache which does not settle within a few days please contact the hospital for further advice.

Death extremely rare.

## What are the types of injections?

There are three types of injections commonly used, all of which involve the injection of a cortisone steroid and a local anesthetic.

* Epidural injections around your nerve roots for pain shooting down the
* Facet joint injections for low back pain
* Sacro-iliac joint injections aim to target individual joints in your spine.
* Neck Epidural injections aim to target the space which surrounds your spinal cord.
* Caudal epidural steroid injection these injections target the space around the spinal nerves in your lumbar spine.

# Medications to stop

# What critical information is needed from you

Blood thinners: Tell the physicians if you are taking any blood thinners such as PLAVIX, Aspirin, Coumadin, Lovenox or HEPARIN, as these can cause excessive bleeding and a procedure should NOT be performed.

It is important you get the right information about what medication to stop prior to coming in for your procedure. The table below outlines specific instructions on medication you are advised to stop prior to your admission.

Please contact the pre-operative assessment pharmacist for specific instructions If you are taking medication following a stroke/mini stroke, heart surgery, cardiac stent, coronary artery bypass graft or recent heart attack, DO NOT stop any medication without the advice of your consultant.

For those on Warfarin, an INR check needs to be done before your procedure

When you come into hospital for your injection(s) and please bring ALL of your medication with you. This includes inhalers.

## What to bring:

In addition to your regular medication, you may wish to bring a dressing gown and something to read. You do not need to bring anything else as you should only be in hospital for a few hours.

Please do not bring any valuables.

Eating and drinking:

When you have your injection you will be given some sedation by the anesthetist. Sedation is treated in the same way as a general anesthetic, and this means that you need to come to hospital starved.

If you are coming in for a morning injection list, you must not have anything to eat after midnight. You can drink water up until 0600.

You can take your normal medication with a sip of water (except those listed above), but otherwise you must have nothing to drink after 0600.

If you are coming in for an afternoon list, you can have a light breakfast before 0730. You must have nothing to eat after 0730.

You can drink water up until midday.

You should take your normal medication in the morning (except those listed above).

## Before the injection in the hospital

When you arrive at Heartland Regional Medical Center

Your admission letter will tell you what time to arrive at the hospital. Please do not arrive late. You will be asked to complete some paperwork and then reviewed by a nurse, an anaesthetist and the practitioner performing your injection(s). The nurse will complete your admission paperwork and check your observations (blood pressure, pulse, etc.). Dr Bhandarkar will talk to you and explain you about your injection, sedation and discuss the potential risks and benefits. Having explained everything to you, they will ask you to sign this consent form. X-rays are taken as part of the injection procedure to confirm the correct position of the needle. Whilst X-rays are not harmful to adults, they may be harmful to an unborn child. As such, all women of childbearing age will be asked to provide a urine specimen to ensure they are not pregnant.

When it is time for you to have your injection(s) you will be first seen by a nurse who will do your vitals and also take a IV line for you on the back of your hand/arm. You will be given a small amount of sedation if needed. You will then be taken through into the operating theatre, where your injection(s) will be carried out. For the injection(s) to be carried out you will have to lie on your front. If needed, you will be helped into the correct position. You will then be given some more sedation and local anesthesia before the injection is performed.

THE PROCEDURE:

Most of the injections that are performed for pain management contain steroid and an anesthetic agent (one or both of these). The steroids we inject are a type of catabolic glucocorticoid hormone which helps to.

**Things to expect:**

1. You will be asked a series of questions and be asked to sign several papers and/or consent forms.
2. You may leave your cell phones, purses, wallets with your driver.
3. A small IV will be placed in your hand or arm for emergency purposes.
4. You will be asked to either remove your shirt and change into a gown or undo your pants and lie on your abdomen on a table.
5. Several patches and wires will be placed on your back to monitor your heart rate.
6. If you are having a **discogram**, your doctor may require a cat-scan after your discogram is complete.
7. If you are having a **Radiofrequency Ablation**, we will raise your pants leg to place a pad on your calf that plugs into a machine. You may wish to wear shorts.
8. A small clip with infrared light will be placed on your finger to monitor your breathing and the level of oxygen in your blood.
9. The doctor will clean/sterilize an area on you, which may feel cold. You will then feel an injection with a small needle into your skin to numb the area.
10. A combination of medications with an anesthetic will then be placed into the numbed area.
11. After the procedure, you will need to remain on the recovery stretcher 15-20 minutes depending on your type of procedure.
12. You could feel dizzy or unsteady when you stand up. *This is normal*. Take your time by rising slowly from a seated or lying position.
13. After you arrive home you can have numbness in one of your legs that you may or may not be aware of. This is normal. Be careful getting out of the vehicle and make sure you can stand up before putting all of your weight on your legs.
14. When you get home, if you had a cortisone injection (epidural) your doctor would prefer you to lie flat on your back for 6 hours. If you cannot possibly do this then a recliner leaned all the way back is recommended. Try not to lie on your sides too often. Remember, cortisone is a liquid and it will travel to gravity.
15. If you need to shower/bathe, this is ok. You must not run or soak with hot water over the injection site-this can cause unnecessary bleeding and later, pain.
16. If you have had a cortisone injection, you are asked to ice the area 20 minutes out of each hour for 6 hours, then 20 minutes on and 20 minutes off as needed for 1-2 days. Any excessive time of icing can cause freezing of the blood in the back. This can cause permanent scarring.
17. For a **Medial branch block**, you are asked to go home and do normal activity. You will chart on a paper the office gives you how much relief you are feeling. You will bring this paper back with you to your next visit. If you do not receive relief the day of your procedure, you need to call the office to confirm that proceeding to the next step is appropriate. This procedure is a prelude to a Radiofrequency Ablation.
18. After any procedure, you are asked to take it easy over the next couple of days. You may need to be out of work the next day. If you need a work note or release, please ask one of the healthcare professionals and they will be glad to provide you with one.

**Special Considerations:**

* Some injections may take 2-6 days before you have any pain relief because the effect of the cortisone is not immediate. For the first 1-2 days, there may be an increase in the pain until the cortisone takes effect.
* On the day of your Radiofrequency Ablation you must be alert and able to tell the doctor what kind of feelings you are having. On the day of Medial Branch Blocks you must be able to go home and be active. Medications that help you relax impair this process and may result in a less effective procedure.
* For a **Medical Branch Block**, if you take pain medications on an as needed basis, try not to take them on the day of your procedure if possible so we can see how well the procedure helps you. Pain medications can mask your pain. If you begin to feel pain, take your pain medication, but chart on your paper when your pain returns and what time you took your pain medicine. This will give us a good idea of how much relief you received.

**We advise you to take your blood pressure, heart, diabetes, and prescribed pain medications the day of the procedure.  (Stopping your routine medications as well as your prescribed pain medications can cause you to experience adverse symptoms).**

What is a spinal or epidural anaesthetic and how will it help me? For some operations on the lower half of the body, local anaesthetic medicine is injected through a needle and/or thin plastic tubing into the middle of your lower back. This can numb the nerves supplying the lower part/half of your body for one to four hours and sometimes longer. During this time it will be difficult or impossible to move your legs as normal. Other medicine may be injected at the same time that prolongs pain relief for many hours. The medicine works by blocking the pain signals from reaching your brain. Depending on your medical condition and the operation you are having, an epidural and/ or spinal anaesthetic may be safer or more comfortable for you than having a general anaesthetic. Epidural and spinal anaesthetics are similar but different types of anaesthetic and sometimes both are given together. Epidural and spinal anaesthetics are also a type of ‘regional anaesthetic’ or ‘regional nerve block’. During your epidural and/or spinal anaesthetic you may be fully awake, sedated or also be given a general anaesthetic. Your anaesthetist will discuss this with you before the operation. 2. Potential benefits of an epidural or spinal anaesthetic The advantages of an epidural and/or spinal anaesthetic compared to a general anaesthetic include: • less risk of a chest infection after surgery • less effect on the lungs and breathing • excellent pain relief immediately after surgery • less need for strong pain-relieving medicines, and their side effects, including nausea, confusion, drowsiness, and constipation • less sickness and vomiting • quicker return to drinking and eating after surgery • less risk of becoming confused after the operation, especially if you are an older person © The State of Queensland (Queensland Health) 2017 Except as permitted under the Copyright Act 1968, no part of this work may be reproduced communicated or adapted without permission from Queensland Health To request permission email: ip.officer@health.qld.gov.au Source of images 1 & 2: Royal College of Anaesthetists 2. Potential benefits of an epidural or spinal anaesthetic (continued) • improved bowel recovery after bowel surgery • improved blood flow after vascular surgery • if you are having a caesarean section birth, you will be able to see your baby as soon as they are born, the baby will only get incredibly small amounts of any medications given and your partner can be with you. 3. What are the risks of the anaesthetic? Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems. Common side effects and complications include: • low blood pressure: –this can make you feel faint or sick –the anaesthetist can treat low blood pressure with fluids and medications given through your drip into your vein • nausea and vomiting • shivering • itching: –is a side effect of some of the medications in the anaesthetic –inform the staff if you are itchy—it can be treated • problems in passing urine (urinary retention): –you may require a catheter to be placed in your bladder while the anaesthetic wears off and for a short time afterwards –bowel function is not affected • pain during the injection: –immediately tell your anaesthetist if you feel pain in places other than where the needle is –the pain might be in your legs or bottom and might be due to the needle touching a nerve –the needle may need to be repositioned • headache: –there are many causes of headache after an operation, including the anaesthetic, being dehydrated, not eating and anxiety –most headaches get better within a few hours and can be treated with pain relieving medicines This information sheet answers frequently asked questions about having epidural and spinal anaesthesia. It has been developed to be used in discussion with your doctor or healthcare professional. Epidural and spinal anaesthesia Informed consent: patient information Department of Health Epidural and spinal anaesthesia patient information v3.00 09/2017 Page 1 of 5 ÌSWPIÇ~a;Î SWPI9465 ÌSWPIÇ~a;Î SWPI9465 3. What are the risks of having an anaesthetic? (continued) • seizures (convulsions or fits) • meningitis • cardiac arrest • severe harm or death (very rare). 4. What are my specific risks? There may also be risks specific to your individual condition and circumstances. Your doctor/healthcare professional will discuss these with you. Ensure they are written on the consent form before you sign it. 5. What are the risks of not having the proposed anaesthetic? There may be consequences if you choose not to have the proposed anaesthetic. Please discuss these with your doctor/healthcare professional. 6. What does my anaesthetist do? Your anaesthetist is a doctor with specialist training who will: • assess your health and then discuss with you the type of anaesthetic suitable for your surgery or procedure • discuss the risks of suitable anaesthetic options • agree to a plan with you for your anaesthetic and pain control • be responsible for giving your anaesthetic and caring for you during your surgery and straight after your surgery or procedure • manage blood transfusions if required. You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor/ healthcare professional/student undergoing further training. All trainees are supervised according to relevant professional guidelines. 7. What happens during my anaesthetic procedure? Before the procedure commences, a ‘drip’ (also known as a cannula, intravenous fluids or IV) is always put into one of your veins, usually in your hand or lower arm. You will normally have the epidural or spinal injection into your back either sitting, or lying on your side, on the trolley or operating table. The anaesthetist and the team will explain what they want you to do. Just like an operation, the injections are done in a very clean (sterile) way. 3. What are the risks of having an anaesthetic? (continued) • bruising (haematoma) at the injection site: –if you take blood thinning medicines you are more likely to get a haematoma as it may affect your blood clotting • pain and tenderness at the injection site (usually temporary) • aches and pains • prolonged numbness or tingling • chest infection. Uncommon side effects and complications include: • severe headache: –can occur after a spinal injection –it will get worse on sitting or standing and improves if you lie down –you will need to see an anaesthetist –if you are still in hospital, your nurses and/or the surgical team will contact your anaesthetist for an assessment –if you have left hospital, seek help from your GP or by attending the emergency department • temporary nerve damage: –temporary loss of sensation, pins and needles and sometimes muscle weakness in the lower body –may last for a few days, weeks or months • overdose of medicines which may lead to slow breathing: the anaesthetist can treat this • the anaesthetic does not fully work: this may require further anaesthetic and/or a different method of anaesthesia to be used • allergic reaction • existing medical problems getting worse. Rare side effects and complications include: • permanent nerve damage with possible paralysis: it has about the same chance of occurring as major complications of having a general anaesthetic • severe breathing difficulty: the block may go higher than planned and affect breathing by paralysing the breathing muscles • infection (e.g. around injection site and epidural catheter; epidural abscess) requiring antibiotics and further treatment • short term deafness • double vision • blood clot with spinal cord damage • serious allergic reaction • equipment failure (e.g. breakage of needles or catheters possibly requiring surgery to remove them) • leaking of stomach content into the lungs Department of Health Epidural and spinal anaesthesia patient information v3.00 09/2017 Page 2 of 5 ÌSWPIÇ~a;Î SWPI9465 ÌSWPIÇ~a;Î SWPI9465 7. What happens during my anaesthetic procedure? (continued) You may notice a warm tingling sensation as the epidural or spinal anaesthetic starts to take effect. The anaesthetist will not let the operation begin until they are satisfied that the area is numb. While you will be pain free during an operation, you may feel movement and pressure sensations around the area of the operation. Image 3: The spinal and epidural spaces. 8. What happens after the epidural or spinal anaesthetic? • The numbness and weakness may take up to 4 hours to wear off or continue for longer if you have an epidural infusion. During this time, you will be unsteady on your feet—ask for help from the nurse to help you walk. Do not attempt to walk by yourself. • As sensation returns, you may experience some tingling in the skin. At this point, you may become aware of some pain from the operation site—ask for more pain relief before the pain becomes too obvious. • Within the first 2 weeks after a spinal if you have any numbness, weakness, headache or severe back pain contact the anaesthetist/your GP/emergency department. 9. What are my responsibilities before having an anaesthetic nerve block? You are at less risk of problems from an anaesthetic if you do the following: In preparation for your procedure: • Increase your fitness before your procedure to improve your blood circulation and lung health. Ask your GP about exercising safely. • If you are overweight, losing some weight will reduce many of the risks of having an anaesthetic. Ask your GP about losing weight safely. 7. What happens during my anaesthetic procedure? (continued) Local anaesthetic is given into the skin to reduce the pain of the epidural or spinal needle. Image 1: Person sitting on the side of a patient trolley, and bending over from the waist. Image 2: Person lying on their side with knees bent. When the anaesthetist is inserting the spinal or epidural needle, they will ask you to stay as still as possible and to tell them if you feel any discomfort, tingling or shock sensations. It can take more than one attempt to get the needle in the right place. If you find this difficult, tell your anaesthetist as there are things they can do to help, including switching to a different kind of anaesthetic. With an epidural anaesthetic, a very thin plastic tube is inserted through an epidural needle into your back (outside the spinal space that holds the spinal cord). The needle is removed after the tubing is in place. The fine plastic tubing is taped onto your back and medicines can be given through this tube for a number of days if needed. You may have a constant slow infusion or you may have a button to push to give yourself a dose of the pain relief. This is called Patient Controlled Epidural Analgesia (PCEA). With a spinal anaesthetic a single injection of anaesthetic medicines, is given into the spinal space by a very fine needle where the medication mixes with the spinal fluid. It also blocks the movement signals which mean that you will be unable to move your legs while it is working. This type of anaesthesia is quick to work (usually within 5–10 minutes). In some circumstances a catheter, like with an epidural, can be used. Department of Health Epidural and spinal anaesthesia patient information v3.00 09/2017 Page 3 of 5 ÌSWPIÇ~a;Î SWPI9465 ÌSWPIÇ~a;Î SWPI9465 9. What are my responsibilities before having an anaesthetic nerve block? (continued) –take to the hospital all your prescribed medicines, those medicines you buy over the counter, herbal remedies and supplements to show your anaesthetist what you are taking. • If you feel unwell: telephone the ward/hospital for advice. • Tell your doctor and the anaesthetist if you have: –health problems (e.g. diabetes, high blood pressure, infectious diseases, serious illnesses), including if regular treatment or a stay in hospital is needed –a drug addiction –had previous problems and/or known family problems with anaesthesia –false teeth, caps, loose teeth or other dental problems –been taking prescribed and/or over the counter medicines, herbal remedies and supplements; this may include and are not limited to blood thinning medicines, the contraceptive pill, antidepressants and/or diabetic medicines (e.g. insulin) –allergies/intolerances of any type and side effects. 10. Useful sources of information Information on Hospital care: before, during and after and Surgical procedures is available on the Queensland Health website: www.qld.gov.au/health/services/hospital-care/ before-after/index.html Further information may be found on the following websites: • Queensland Health: www.health.qld.gov.au/consent • Australian and New Zealand College of Anaesthetists: www.anzca.edu.au/patients • Royal College of Anaesthetists: www.rcoa.ac.uk/patientinfo (This publication includes text taken from the Royal College of Anaesthetists’ (RCoA) leaflets ‘Your spinal anaesthetic, 2014’ and ‘Headache after a spinal or epidural injection, 2015’ but the RCoA has not reviewed these as a whole). 9. What are my responsibilities before having an anaesthetic nerve block? (continued) • Stop smoking as early as possible before your surgery to give your lungs and heart a chance to improve. Smoking cuts down the oxygen in your blood and increases breathing problems during and after an operation. Phone 13 QUIT (13 78 48). • Drink less alcohol, as alcohol may alter the effect of the anaesthetic medicines. • Do not drink any alcohol 24 hours before surgery. • Stop taking recreational drugs (this includes recreational smoking such as marijuana) before your surgery as these may affect the anaesthetic. • If you take anticoagulant or antiplatelet (blood thinning) medicines such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), ticlopidine (Tilodene), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/ herbal/alternative medicines, such as fish oil and turmeric: –ask your surgeon and/or anaesthetist if you should stop taking it before surgery as it may affect your blood clotting –do NOT stop blood thinning medicines without medical advice –if you are asked to stop taking blood thinning medicine before your procedure, ask your doctor when you can restart the blood thinning medicine. On the day of your procedure: • Nothing to eat or drink (‘nil by mouth’): you will be told when to have your last meal and drink. Do NOT eat (including lollies), drink, or chew gum after this time otherwise your operation may be delayed or cancelled. This is to make sure your stomach is empty so that if you vomit, there will be nothing to go into your lungs. • If you are a smoker or drink alcohol: do not smoke or drink alcohol. • If you are taking medicines: most medicines should be continued before an operation, but there are some important exceptions: –your doctor will provide specific instructions about your medicines Department of Health Epidural and spinal anaesthesia patient information v3.00 09/2017 Page 4 of 5 ÌSWPIÇ~a;Î SWPI9465 ÌSWPIÇ~a;Î SWPI9465 11. Questions to ask my doctor/healthcare professional (continued) 12. Contact us Your local contact details are: 11. Questions to ask my doctor/healthcare professional Ask your doctor/healthcare professional if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure. Department of Health Epidural and spinal anaesthesia patient information v3.00 09/2017 Page 5 of 5

THE CENTER FOR SPINE PROCEDURES, P.C. POST PROCEDURE & DISCHARGE INSTRUCTIONS

1. ACTIVITES:

• Go home and rest today. Limit your activities for at least 24 hours.

• You may shower tonight, but no tub bath for 24 hours.

• No repetitive bending & stretching / overhead reaching activities.

1. MEDICATIONS:

* Do no drive or operate machinery if using pain medication or if sedation was provided. Non prescription or pre-procedure medications my be used as directed by your physician.

1. 3. DIET: • Usual diet and medications. • Increase fluids.
2. 4. RETURN TO WORK/SCHOOL: • Tomorrow, as tolerated, unless otherwise directed by physician. 5. FOLLOW-UP CARE: • We will call or email to check on your progress. 6. OTHER INSTRUCTIONS: • Contact your physician for excessive pain or bleeding at injection site, nausea, or temperature greater than 101. • If desired, you may apply ice to injection site 20 minutes on, 20 minutes off. • Remove dressing tonight and change as needed. Your Next Visit is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at:\_\_