

# PAIN PROCEDURE POST-OPERATIVE INSTRUCTIONS

---

PROCEDURE PERFORMED (circle the appropriate procedure):

Cervical Epidural	Thoracic Epidural	Lumbar Epidural
Medial Branch Block	Facet Joint Injection	Radiofrequency Ablation
Sacroiliac Joint Injection	Hip Joint Injection	Shoulder Joint Injection

Other: \_\_\_\_\_

DIET: Resume your normal diet as tolerated. Increase fluid intake for the next 48 hours.

ACTIVITY: Rest for the remainder of today. Refrain from activities that would normally strain the injection area for the next 24 hours.

Use caution when ambulating during the first few hours after your injection since your legs may become temporarily weak or numb from the medication used during the procedure.

If you received sedation, you should not make decisions that require your full attention for the remainder of the day. You may not drive a vehicle or operate heavy machinery for the rest of today.

You may remove the dressing today. You may shower today. Do not use bath tubs, hot tubs or swimming pools for the next 48 hours.

It is common to experience an increase in pain or symptoms for the first 24-48 hours. For soreness at the injection site, use an ice pack intermittently (20 minutes on, 20 minutes off). Do not apply ice directly to skin.

MEDICATIONS: You may resume your normally scheduled medications. If you take a blood thinner you may resume it at your next scheduled dose.

YOU MAY EXPERIENCE ONE OR MORE OF THE FOLLOWING MINOR ADVERSE REACTIONS: Facial flushing, mild headache, insomnia, anxiety, fluid retention, pain at the injection site, temporary numbness or tingling, temporary urinary difficulties, or elevated blood pressure. If you are diabetic, your blood glucose may become temporarily elevated for 2-3 days after the injection.

CONTACT BITTERROOT SURGICAL ASSOCIATES AT (406) - 375-2930 IF YOU EXPERIENCE: Fever, severe headache, redness or drainage at the injection site, loss of balance, severe dizziness, persistent nausea or weakness, or difficulty urinating. Go to the emergency room if your symptoms become severe or you are not able to contact the pain clinic.

---

Nurse Signature

---

Patient or Responsible Person Signature