

## Idaho Physical Medicine & Rehabilitation Ambulatory Surgery Center Postoperative Instructions for Spinal Injection Procedures

- 1. No strenuous or unusual (different from your normal) activity the day of your procedure.
- 2. You may experience minor discomfort in the areas that have been treated following your procedure.
- 3. If you have pain, put a thin towel over the area of your injection and place an ice bag on top of the towel for 20 minutes, 2 to 3 times per day, up to 3 days following this procedure. This will reduce localized injection soreness.
- 4. Avoid any vigorous (more than usual) activity including excessive exercise, even if you are feeling better, for at least one week following the procedure. You may resume your "normal activity" program 48 hours after the procedure.
- 5. You may resume your regular diet and routine medications after the procedure.
- 6. Make sure a follow-up appointment is scheduled with your physician.
- If you should experience progressive pain, weakness, numbness, or signs and symptoms of infection, contact the physician or his medical assistant (MA). Call **911** for emergency care.
- Keep a record of your pain level, as follows and bring this to your next visit. Rate your pain on a scale of 0 to 10. "0" representing no pain at all and "10" representing the worst imaginable pain.
  Rate pain level from 0 to 10 for the area of pain being treated by the physician today.
  - \_\_\_\_\_ Rate your pain before procedure.
  - \_\_\_\_\_1 hour after procedure.
  - \_\_\_\_\_ 2 hours after procedure.
  - \_\_\_\_\_ 4 hours after procedure.
  - 6 hours after procedure.
  - \_\_\_\_\_ 1 day after procedure.
  - 3 days after procedure.
  - 7 days after procedure.

\*Please bring this completed record of your pain to your follow-up appointment and give to the physician's medical assistant. This helps in the evaluation of your procedure.

| Dr                 | Office #: <u>884-1333</u> | MA's name: | #     |  |
|--------------------|---------------------------|------------|-------|--|
| Patient Signature: |                           |            | Date: |  |