Mile High Sports and Rehabilitation Medicine, PC

Samuel Y. Chan, M.D. Yusuke Wakeshima, M.D. 2490 W. 26th Avenue Suite 10-A Denver, CO 80211 Ph: 303-331-6744 Fax: 303-331-6839

DISCHARGE INSTRUCTIONS FOR SPINE INJECTIONS

1.	Procedure: Cervical Epidural Injection	\square Cervical Transforaminal Injection	☐ Facet Joint Injection	
	\square Lumbar Epidural Injection	\square Lumbar Transforaminal Injection	☐ Sacroiliac (SI) Joint Injection	
	☐ Medial Branch Nerve Injection	☐ Selective Nerve Root Block	☐ Caudal Injections	
	☐ Other:			
2.	Upon arrival home, you may lie down for 1 to 2 hours. Then you may walk short distances and perform light activities. You			
	resume your normal daily activity tomorrow. If	you have had a diagnostic Medial Branch B	lock, then perform light activities that	
	normally cause your pain after the procedure. Avoid lifting objects over 20 lbs and do not drive for 12 hours after the injection.			
3. Keep the injection site dry and inspect the site 2 times a day for 3 days. Remove the Band-Aid 24 hours after the injection			Aid 24 hours after the injection. You	
	may shower the day after the injection. NO soaking baths, hot tubs, whirlpools or swimming pools for two days post injection.			
4.	Some discomfort may occur at the injection site	e. You may:		
	a. Take antibiotics and over the counter pain medication such as Tylenol®, Motrin ®, or narcotic medical			
	b. Apply an ice pack for 30 minutes to the site, 2 to 3 times a day for the first 24 hours.			
	c. Following 24 hours, apply heat to the s	ite 2 to 3 times a day as needed. Use mode	rate heat to avoid burning the skin	
	surrounding the site.			
5. It may take 3 to 5 days for the steroid medication to respond. You may even notice a worsening of your symp			ening of your symptoms for 1-2 days	
	after the injection. The onset and degree of pain relief is variable. Document your pain scores on your Pain Diary.			
	a. Steroids can cause side effects. They are almost all short lived in duration. Some of these side effects include: sweating			
	insomnia, swelling, flushing, headache, fluid retention, palpitations, flu-like symptoms, nausea, increased heart rate,			
	and/or menstrual changes. Call Mile High Sports and Rehabilitation Medicine if you have any questions regarding the			
	side effects you are experiencing.			
6.	If you take Aspirin or non-steroidal anti-inflammatory drugs, (Motrin, Advil, Ibuprofen, Naprosyn, Voltaren, Relafen, etc.) you			
	may start taking these medications the evening of the injection.			
7.	If you take a blood thinning medication, please discuss this with your Primary Care Physician and your Pain Physician,			
	(Coumadin, Lovenox, Ticlid, Plavix, etc.). You may start taking these medications the evening of the injection.			
8.	If you had IV sedation, try clear liquids first and if you are not nauseated, then advance diet as tolerated.			
9.	FOR NON-EMERGENT QUESTIONS OR CONCERNS, CALL 303-331-6744 Monday – Friday 8a – 5p. After 5p or on weekends, you			
	will be directed to the Physician on call.			
10. FOR NON-EMERGENT QUESTIONS OR CONCERNS, CALL 303-331-6744 Monday through Friday 8a-5p. After 5p or on week			iday 8a-5p. After 5p or on weekends,	
you will be directed to the Physician on call.				
	Call Mile High Sports and Rehabilitation Medicine if you are experiencing any of the following:			
	a. Severe back pain			
	b. Severe headache that does not go away with medicine, is worse when sitting or standing up, and is greatly relieved			
	upon lying down. The headache may also be associated with nausea and/or vomiting.			
	c. Chills or fever (101F or 38.5C or greater)d. Redness, swelling, tenderness, or drainage at the procedure site, or new onset of radiating pain to a different location			
	of your body.			
	e. If you are not experiencing adequate stimulation and reprogramming is needed.			
11.	If you are experiencing any of the following, proceed to the nearest Emergency Department to have your back scanned for			
	possible spinal cord bleeding:	_		
	\square High fever \square Sensory loss in the gro		_	
	☐ Sudden chest pain/shortness of breath	☐ Sever lethargy, seizures or new onse	t of confusion	
	\square Cannot move your legs \square Not able to urinate after the injection or lose bladder or bowel control			
12.	A nurse or medical staff member will call you w	ithin one week of your injection. If not, plea	ase call our office at 303-331-6744 to	
	inform us of any concerns and your level of pain relief. Note the degree of pain relief, especially on the day of the injection.			
13.	3. An appointment is needed 1-2 weeks after your injection. If your injection was performed for diagnostic purposes, please			
	contact your referring physician's office to schedule a follow-up appointment with your referring provider.			
14. If you have any questions or concerns, please contact our office at 303-331-6744.				
Pati	ient Signature	Witness Signature		