

Fellowship Surgical Center

Post Injection/Diagnostic Procedure Discharge Instructions

Limit your activities for the remainder of today:

- ❖ **Do not** drive.
- ❖ **Do not** operate heavy machinery or power tools.
- ❖ **Do not** drink alcoholic beverages.
- ❖ **Do not** make any important personal or business decisions.
- ❖ Do drink as much water or clear liquids (soda, apple juice, etc.) as you can tolerate.
- ❖ Eat light foods, avoiding heavy, spicy, fatty, or fried foods.

Check if applicable

___ If you have had a steroid injection, spend the remainder the today resting. Return to activity as tolerated by the next day after the procedure. Apply an ice pack to the injection for 15 minute intervals several times a day, if needed. Avoid local heat.

___ If you have had a diagnostic injection, for the next 6 hours do not use ice or pain medication. Remember to keep a pain journal. Continue with normal activities as tolerated, especially standing and walking. Avoid being sedentary. You may return to work and physical therapy.

Report the following signs to your physician immediately:

- ❖ Bleeding which soaks through your bandages.
- ❖ Excessive redness or swelling of or around the wound/injection site.
- ❖ Temperatures of 100° F or above.
- ❖ Excessive pain.
- ❖ Inability to urinate within 8 hours following your injection.

If you develop a headache, lay flat on your back for two hours. Drink water or juice every 2 hours and caffeinated beverages every 6 hours. If headache persists for more than 2 days, call the Coastal Spine office at **856-222-4444**.

If you develop any **new significant** weakness, numbness, or difficulty controlling bowel or bladder, call the Coastal Spine office at **856-222-4444** or call 911 to take you to the nearest emergency room.

Avoid non-steroidal anti-inflammatory medications such as Aspirin, Naprosyn/Aleve, Ibuprofen/Motrin/Advil, etc. for the remainder of the day following the injection/diagnostic procedure.

Please consult with Dr. Jarman or Dr. Paul before taking any long trips in the week following your injection.

Patient/Responsible Adult Signature: _____ **Date:** _____

RN's Signature: _____ **Date:** _____

715A Fellowship Road • Mt Laurel, NJ 08054 • Tel: 856-316-4600 • Fax: 856-316-4601

Rev. 7/10

NAME :
ACT# :
DOB : AGE :
DOS : SEX :
DR :