CENTER FOR SPINE PROCEDURES

Arnold J. Weil, MD
Anthony R. Grasso, MD

GUIDE FOR PATIENT PROCEDURES

You have been scheduled for a non-surgical injection procedure. Your physician has informed you of the type of procedure you are scheduled to have.

INSTRUCTIONS PRIOR TO APPOINTMENT

- The entire process, from check-in to discharge, takes approximately 1 ½ hours. Please be at the surgical center 45-60 minutes hour prior to the scheduled procedure time (as instructed).
- A light snack can be taken up to two (2) hours before the scheduled procedure time.
- **Medications, including pain pills, and especially heart/blood pressure/diabetic medications should be taken the morning of the procedure.**
- **DO NOT take any ASPIRIN, blood thinners or NSAIDS (including prescription anti-inflammatories) for three (3) days prior to the procedure. Examples: Motrin, Ibuprofen, Aleve, Naproxen, Lodine, Mobic and Indocin Do NOT Take Any of These three (3) days prior to procedure.**
- **If you are taking Coumadin, Warfarin, Heparin or Plavix, check with your prescribing physician five (5) days prior to procedure. If your prescribing physician orders an INR, bring the report to procedure appointment.**
- If having Valium prior to procedure, it will be necessary to have another adult driver present at the procedure appointment to drive you home.
- If you have Mitral Valve Prolapse or normally take antibiotics prior to procedures, please notify your physician.

THE PROCEDURE ITSELF:

The performance of this procedure causes very little significant discomfort to patients. An I.V. will be started prior to the procedure. The area to be injected is cleansed with antiseptic solution and draped in a sterile fashion. Anesthesia is obtained by injecting a small amount of local anesthetic into the skin and underlying tissues. There should be minimal discomfort felt by the patient during the injection. Should any pain be felt, more local anesthetic could be administered. After the injection, patients will be monitored for 15 to 30 minutes, and then allowed to go home. Occasionally, patients may experience some numbness after the procedure. This is short-lived and should be gone by the end of the day.

AT HOME, AFTER THE INJECTION:

PAIN MEDICATION: For minor discomfort, non-prescription pain relievers may be used as directed on the product labels. Medication prescribed by your physician may be taken as directed for discomfort not relieved by non-prescription medication.

ACTIVITY/DIET: You may be up and around as tolerated by your level of comfort; however, plan to take it easy for the remainder of the day. Intermittent use of an ice pack is acceptable. **Do not use heat for 24 hours after the procedure**. You may eat and drink fluids as you desire and we suggest you increase your fluid intake after the procedure.

RARE POST-PROCEDURAL SYMPTOMS:

You should be alert to report any signs of infection including, but not limited to: redness and or/warmth at the needle puncture site, increased pain other than expected from the procedure, swelling, drainage, chills, night sweats, and fever above 101 degrees F. Should you develop a headache, stay quiet with your head and body flat, drink plenty of fluids and take a pain reliever. If your headache persists beyond 12 hours or is noticeably increased by standing upright, it may be an indication of a spinal fluid leak and our office should be notified even after normal business hours. Usually in this event, the symptoms are self-limiting and resolve in time without additional

_____ Printed Patient Name

_____ Patient Signature

_____ Date

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MEDICATION RECONCILIATION RECORD

NAME: _____ DOB: _____

List ALL Allergies & Reactions(Food, Drugs, Latex, Environmental): _____

_____

Are you pregnant? ☐ Yes ☐ No Date of last period:_____ Current Infection? ☐ Yes ☐ No

Current Medications	Strength	Times/Day	Date & Time last dose

Patient Signature: _____ Date:_____

Reviewed by (RN or MD only):_____Date:_____

☐ No New Medications Prescribed ☐ New Medications Prescribed (List Below):

New Medications	Dose	Frequency

_____ _____ _____

Patient Signature Discharging RN Signature Date

NON-SURGICAL ORTHOPAEDICS

Arnold J. Weil, MD
Anthony R. Grasso, MD

PATIENT PROCEDURE WAIVER

(NON-SURGICAL ORTHOPAEDICS, P.C.)

Name: _____

Procedure :_____

Date of Procedure: _____

Estimated Fee: _____

All procedures will be pre-authorized per individual insurance criteria. I understand that the above procedure may be considered as non-covered or not medically necessary by my insurance carrier. I am requesting the procedure be performed and I will accept responsibility for full payment of these services, if not covered by insurance.

Signature: _____ **Date**: _____

335 Roselane Street NW • Marietta, GA 30060 • (o) 770.421.1420 • (f) 770.421.8055
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