



GUIDE FOR PATIENT PROCEDURES

You have been scheduled for a spinal 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 2 hours. Please be at the Center for Spine Procedures 30 minutes before your injection time.
- Medications, including pain pills, and especially heart/blood pressure/diabetic medications should be taken the morning of the procedure. Do not take any anti-inflammatory medications or aspirin for 3 days prior to your procedure. You will be given specific instructions if you are on Coumadin, Plavix, or other blood thinners.
- Insulin dependent diabetics scheduled for a morning procedure should not eat or drink after midnight and bring the insulin with them to the procedure.
- If you are to have any sedation, it is necessary to have an adult stay with you and drive you home after the procedure.
- 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, if any, significant discomfort to patients. An I.V. will be started prior to the procedure. The neck or back is cleansed with Betadine or other 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 can be administered. After the injection, patients may be monitored for 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 YOUR EPIDURAL INJECTION:

PAIN MEDICATION: For minor discomfort, Aspirin, Tylenol or Extra Strength Tylenol, not in excess of two tablets four times per day, may be used. 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 the remainder of today. Intermittent use of an ice pack is acceptable. Do not use heat the day of the procedure. You may eat and drink as you desire.

RARE POST-PROCEDURAL SYMPTOMS: You should be alert to report any signs of infection. Symptoms to be aware of include: redness and / or warmth about the needle puncture site, increased pain other than expected from the procedure, swelling, drainage, chills, night sweats, or fever above 100 degrees F. Should you develop a headache, stay quiet with your head and body flat, drink plenty of fluids, and take aspirin or non-aspirin medication. 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. Usually, in this event, the symptoms are self-limiting and resolve in time without additional treatment.

INFORMATION FOR PATIENTS HAVING A STEROID EPIDURAL INJECTION

You are being referred for a procedure, a steroid epidural injection, by your primary treating physician. This is a procedure performed on patients who are having neck and/or back pain, who have evidence of a bulging or ruptured intervertebral disc, or who have pain radiating into one or both limbs. This procedure is also often done on patients with previous surgery in which it is felt that some of the symptoms might be from scar tissue or inflammation of the covering of the spinal cord.

The reason this procedure is performed, is in the hope that the long lasting steroid agent will be of assistance in shrinking the bulging disc, in decreasing irritation of nerve roots from inflammation or pressure, or in decreasing irritation from fluid from the disc material.

INSTRUCTIONS PRIOR TO APPOINTMENT

The entire procedure takes approximately 2 hours. Medications such as heart or blood pressure pills may also be taken the morning of the procedure. You will be able to drive home unless you have any oral sedation, in which case you must have someone drive your home after the procedure. Report to the Center for Spine Procedures thirty (30) minutes before your scheduled procedure.

THE PROCEDURE ITSELF

The epidural procedure causes very little, if any, significant discomfort to patients. Physical exam or diagnostic tests (such as myelograms, CT scans, or MRI scans) have usually established the level of the abnormal intervertebral disc(s). The corresponding anatomical level of the disc is established by palpation and skin marking of bony anatomical structures felt through the skin in the back. An I.V. is started prior to the beginning of the procedure. The neck or back is cleansed with Betadine or other antiseptic solution and draped in a sterile manner. Anesthesia of the skin is obtained by injecting a small amount of local anesthetic into the skin and underlying tissues to locate the epidural space. There should be little discomfort felt by the patient during the epidural. Should any pain be felt, more local anesthetic can be administered. Following the administration of the local block, there is a sensation of pressure as the epidural

needle goes through the skin in the underlying tissues to locate the epidural space. Once the needle is in the epidural space, contrast material is injected to verify placement, after which the steroid and local anesthetic is injected. There may be a mild pressure sensation, but little discomfort is usually felt. Patients are then kept on their back or side for 30 minutes, after which they are allowed to dress and go home. Occasionally, patients may experience some numbness or soreness after the procedure. This is short-lived and should be gone by the end of the day.

The doctors have performed over 35,000 epidural procedures, and do their best to make the experience as stress-free as possible.