

Discharge Instructions

Spinal Cord Stimulators, Intrathecal Pumps, Vertebral Augmentation, Lumbar Decompression & Discograms

Patient Name: _____ DOS: _____

1. **Immediate Postoperative Period:** It is normal to feel dizzy and sleepy for several hours after procedure. Therefore, you should not drive, operate any equipment, sign any important papers, or make any significant decisions until the next day.

2. **Diet:** Start with clear liquids. Progress to solids over the next 6 hours. You will likely have received pain medication that may cause nausea and indigestion. Soups and foods that are easy to digest are best tolerated as you begin to eat (avoid spicy and fatty food). Drink plenty of fluids. Do not drink alcoholic beverages for at least 24 hours.

3. **Activities:** Keep activities to a minimum.

a: Period of at-home resting is recommended for 72 hours following the procedure.

b: **No twisting, turning, or bending should be attempted during this time.**

c: Call your physician if your pain is not controlled with pain medication.

d. Numbness lasting over 12 hours that is different from your pre-procedure condition.

e. The inability to move an arm or leg.

f. New weakness that is over 24 hours old.

g. Severe back pain.

4. **Temperature:** Please report any temperature over 100.4° degrees to your physician. Report any redness, swelling, excessive discharge, or foul odor from your surgical site. If you develop severe headache or marked neck stiffness and rigidity, please call your physician immediately and report to a local Emergency Department immediately.

5. **Care of the Wound/Special Instructions:**

Keep the surgical area and/or bandage clean and dry.

Follow your surgeon's recommendations:

Dr. Bhalani: Ice for 30 minutes every 2 hours or as tolerated for the first 24 hours.

Dr. Patel: Ice for 10 minutes, then remove ice for 30 minutes, then repeat as tolerated for the first 24 hours.

Dr. Epting: Ice for 10 minutes, then remove ice for 30 minutes, then repeat as tolerated for the first 24 hours.

Showering should not be attempted postoperatively until your physician instructs you to do so. Sponge bed bathing is acceptable. Keep the dressing or wound area dry at all times.

Please keep your dressing intact. Change dressing only if/or instructed by your physician. If you are

prescribed a neck collar or abdominal binder, wear them as instructed by your physician.



For patients with functioning stimulators, spinal cord stimulation may be variable and may change with position. Do not be alarmed. Your unit has a high degree of reliability and usually only minor adjustments are needed. If adjustment is not satisfactory with your hand-held programmer, please contact our office at **(813) 388-2948** or your spinal cord stimulator representative.

You may require modification in your pain medication for immediate postoperative discomfort. Please discuss this with your physician and make changes only as your physician advises.

6. Possible Problems: Report any neurological changes, such as new numbness or weakness or new severe back pain. New changes are never normal and may require emergency treatment. If you have any questions or are concerned that something isn't right, please feel free to call our office. If you feel that you're having a true emergency, you must report immediately to an emergency room in the emergency room physician will contact the on-call physician directly.

For phone calls after hours please call (813) 388-2948; ask for a pain physician on call. Otherwise call the clinic between 7.30 AM and 4.30 PM, Monday through Friday, telephone (813) 388-2948. Please keep a diary noting your pain responses and side effects every few days until follow-up visit. Write it down so you don't forget. Bring the diary with you to next meeting with your physician.

These instructions have been explained to me. I understand them and received a copy.

If you have a true medical emergency, call 911 or go to the nearest emergency room.

You must have a caregiver remain with you for _____ hours.

Patient/caretaker's Signature: _____

Date: _____ **Time:** _____

Interpreter (if applicable): _____

Staff: _____