



SPINE AND PAIN PRE-PROCEDURE INSTRUCTIONS

1. You must bring a driver who can stay with you the entire time.
2. Medications (BLOOD THINNERS) that need to be stopped prior to procedure include:

Medication	When to discontinue
Coumadin (Warfarin) Please contact our office @ 541-286-4742 for instructions.	STOP 5 DAYS BEFORE PROCEDURE
Plavix/Aggrenox	STOP 7 DAYS BEFORE PROCEDURE
Pradaxa (Dabigatran)/ Xarelto (Rivaroxaban)	STOP 4 DAYS BEFORE PROCEDURE
Effient (Prasugrel)/ Brilinta (Ticagrelor)	STOP 7 DAYS BEFORE PROCEDURE
Eliquis (Apixaban)	STOP 3 DAYS BEFORE PROCEDURE
ASPIRIN	STOP 7 DAYS BEFORE PROCEDURE
NSAIDS/Diclofenac Potassium (Cataflam); Diclofenac Sodium (Voltaren); Etodolac (Lodine); Indomethacin (Indocine); Ketoprofen (Orudis); Ketorolac tromethamine (Toradol); Meloxicam (Mobic); Nabumetone (Relafen); Naproxen (Naprosyn)/Aleve; Piroxicam (Feldene); Sulindac/Sundac (Clinoril); Vicoprofen (hydrocodone and Ibuprofen); Diflunisal (Dolobid); Oxaprozin (Daypro); Salsalate (Amigesic); Tolmetin (Tolectin)	STOP 3 DAYS BEFORE PROCEDURE
DIPYRIDAMOLE/PERSANTINE	STOP 3 DAYS BEFORE PROCEDURE
LOVENOX	STOP 12 HOURS BEFORE PROCEDURE
FISH OIL	STOP 6 DAYS BEFORE PROCEDURE
TICLOPIDINE/TICLID	STOP 7 DAYS BEFORE PROCEDURE
XARELTO	STOP 3 DAYS BEFORE PROCEDURE

3. Note: You may continue to take maintenance medications such as [blood pressure](#), heart, and diabetic medication or other prescribed pain medications that do not contain aspirin.

IF YOU HAVE SEVERE PAIN OR EXPERIENCE ADDITIONAL SYMPTOMS, CALL YOUR DOCTOR

IMMEDIATELY AT: CORVALLIS PAIN MANAGEMENT 541-286-4742



PATIENT INFORMATION FOR PAIN MANAGEMENT PROCEDURES

SPINAL INJECTIONS

Your doctor has determined that an injection of medications into your spine could be beneficial to you in managing your pain. There are multiple procedures that we do every day. Some of these may take just a few minutes to do once you are prepared for the doctor. Some of these could take an hour to do.

WHAT ARE THESE INJECTIONS USED FOR?

Cervical/Lumbar epidural injections, facet blocks, caudal blocks, intercostals blocks, stellate ganglion blocks and sacroiliac injections are methods used to inject cortisone (a very strong steroidal anti-inflammatory) OR a local anesthetic into the spaces into your spine and hip joint areas to decrease the pain in your back, hips, and legs.

A [medial branch block](#) is a diagnostic procedure. It is used to locate and determine which levels are causing you the most pain. This is used as diagnostic information before a radiofrequency ablation is performed.

A Radiofrequency Ablation is a procedure where high frequency radio waves are used to generate heat and "burn a nerve". This does not require a high level of heat so you might feel some warmth but not a burning sensation, or you may not feel anything at all. All nerves regenerate over time, so the results will not last forever, however, some patients experience pain relief for 6 months to a year.

These methods are performed under fluoroscopy, which helps your doctor see the different areas of your spine. This also helps your doctor in placement of the needles to the affected areas, and allows them to visualize how the medicine will flow.

WHAT ARE THE RISKS?

For all these procedures there is a possible bleeding, infection, allergic reactions or possible nerve injury. Although we have not seen this happen, there are always risks.

NORMAL SIDE EFFECTS

You may experience hiccups, flushing of the face or increased hunger, increased pressure at the site of the injection. The possibility of a headache after an epidural injection is between 1 in 100. Most people do not experience the typical effects such as weight gain, [hair loss](#), or abnormal hair growth from cortisone injections as those who take the cortisone pills.

Please inform us if you are taking any antibiotics or have currently finished any in the last 7 days

We advise you to take your blood pressure, heart, diabetes, and prescribed pain medications the day of the procedure. (Stopping your routine medications as well as your prescribed pain medications can cause you to experience adverse symptoms).

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SPECIAL INSTRUCTIONS TO FOLLOW THE DAY OF YOUR PROCEDURE:

1. Check in at the REGISTRATION DESK before coming to C-Arm Suite waiting area.
2. **YOU MUST BRING A DRIVER WITH YOU.** Please only bring one person (driver) with you if possible due to limited seating. This person must remain in the waiting room or automobile for you until the procedure is completed. This person must be able to drive you home and must be able to give you some assistance. This is necessary for your safety as well as others. If you present for the appointment without a driver, the appointment will be rescheduled.
3. Only one person will be allowed to sit with you in the recovery area.
4. We advise you to take your blood pressure, heart, diabetes, and prescribed pain medications the day of the procedure. (Stopping your routine medications as well as your prescribed pain medications can cause you to experience adverse symptoms).
5. You may bathe/shower before your procedure.
6. Only if Local/Oral Sedation:
You may eat a light meal before your procedure. VALIUM MAY HAVE BEEN CALLED IN TO YOUR PHARMACY. YOU SHOULD PICK THIS UP AND TAKE AS DIRECTED BEFORE PROCEDURE.
7. Only if IV Sedation:
YOU MUST BE FASTING FOR 8 HOURS PRIOR TO PROCEDURE. You may have small sips of water if you need to take your usual medications. Wear something loose fitting and warm.
8. Some procedures take a very short time and some take longer. When we have two doctors in the procedure area there will be a double patient load. When this happens please be prepared to have a longer wait time. Your patience will be most appreciated.

THINGS TO EXPECT

You will be asked a series of questions and be asked to sign several papers and/or consent forms.

You may leave your cell phones, purses, wallets with your driver.

If IV Sedation: A small IV will be placed in your hand or arm.

You will be asked to either remove your shirt and change into a gown or undo your pants and lie on your abdomen on a table.

Several patches and wires may be placed on your back to monitor your heart rate.

If you are having a Radiofrequency Ablation, we will raise your pants leg to place a pad on your calf that plugs into a machine. You may wish to wear shorts.

A small clip with infrared light will be placed on your finger to monitor your breathing and the level of oxygen in your blood.

The doctor will clean/sterilize an area on you, which may feel cold. You will then feel an injection with a small needle into your skin to numb the area.

A combination of medications with an anesthetic will then be placed into the numbed area.

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After the procedure, you will need to remain on the recovery stretcher 15-20 minutes depending on your type of procedure.

You could feel dizzy or unsteady when you stand up. This is normal. Take your time by rising slowly from a seated or lying position.

After you arrive home you can have numbness in one of your legs that you may or may not be aware of. This is normal. Be careful getting out of the vehicle and make sure you can stand up before putting all of your weight on your legs.

When you get home, if you had a cortisone injection (epidural) your doctor would prefer you to lie flat on your back for 6 hours. If you cannot possibly do this then a recliner leaned all the way back is recommended. Try not to lie on your sides too often. Remember, cortisone is a liquid and it will travel to gravity.

If you need to shower, this is ok. You must not run or soak with hot water over the injection site-this can cause unnecessary bleeding and later, pain.

If you have had a cortisone injection, you are asked to ice the area 20 minutes out of each hour for 6 hours, then 20 minutes on and 20 minutes off as needed for 1-2 days. Any excessive time of icing can cause freezing of the blood in the back. This can cause permanent scarring.

For a Medial branch block, you are asked to go home and do normal activity. You will chart on a paper (PAIN JOURNAL) the office gives you how much relief you are feeling. You will bring this paper back with you to your next visit. If you do not receive relief the day of your procedure, you need to call the office to confirm that proceeding to the next step is appropriate. This procedure is a prelude to a Radiofrequency Ablation.

After any procedure, you are asked to take it easy over the next couple of days. You may need to be out of work the next day. If you need a work note or release, please ask one of the healthcare professionals and they will be glad to provide you with one.

Special Considerations:

1. Some injections may take 2-6 days before you have any pain relief because the effect of the cortisone is not immediate. For the first 1-2 days, there may be an increase in the pain until the cortisone takes effect.
2. On the day of your Radiofrequency Ablation you must be alert and able to tell the doctor what kind of feelings you are having. On the day of Medial Branch Blocks you must be able to go home and be active. Medications that help you relax impair this process and may result in a less effective procedure.
3. For a Medical Branch Block, if you take pain medications on an as needed basis, try not to take them on the day of your procedure if possible so we can see how well the procedure helps you. Pain medications can mask your pain. If you begin to feel pain, take your pain medication, but chart on your paper when your pain returns and what time you took your pain medicine. This will give us a good idea of how much relief you received.

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