

INSTRUCTIONS FOR EPIDURAL STERIOD INJECTION (ESI)

1. Your procedure is scheduled for _____ Arrival time _____
Please report to Orthopedic Surgery Center on the first floor.
2. **Nothing to eat or drink** after midnight the night before your procedure.
If you need to take regularly scheduled medications only a sip of water is allowed.
3. You must have a driver present with you.
4. The following medications must be discontinued before an ESI can be performed:

All Non Steriodal Anti-Inflammatories (NSAIDS) must be stopped 2 days before injection:

Advil (Ibuprofen, motrin)	Feldene (piroxicam)
Aleve (naproxen)	Daypro (oxaprozin)
Mobic (meloxicam)	Athrotec (diclofenac +misoprostol)
Voltaren (diclofenac)	Indocin (Indomethacin)
Relafen (nabumetone)	Orudis (ketoprofen)
Lodine (etodolac)	Toradol (ketorolac)
Clinoril (sulindac)	

All Asprin containing products must be stopped 5 days before injection:

Asprin 81 mg	Fiorinal
Excedrin	Bufferin
Asprin 325 mg	Goody's powder

All blood thinners must be stopped 7 days before injection:

Coumadin (warfarin)	Persantine (dipyridamole)
Plavix (clopidogrel)	Aggrenox (asprin + dipyridamole)

Lovenox (enoxarain) must be stopped 2 days before injection

Please avoid all herbal medications including vitamin E and fish oil 2 days before injection. You may resume your medications 2 days after your procedure date.

5. If you are on aspirin, coumadin or plavix, specific blood work will need to be obtained before your injection.
6. If you are older than 50 years of age or have a cardiac history, we must have an EKG within the last 6 months.
7. If a medical or cardiac clearance is needed, we must have the clearance before your procedure is scheduled.
8. The ESI may take 2-7 days to take full effect. You may still continue to have pain immediately following the injection, this is normal.
9. Please call our office (766-0050) if you experience severe pain, fever >100.4 or a severe headache associated with nausea and vomiting.
10. If you do not hear from Orthopedic Surgery Center at least one day before your injection contact Dr. McCarthy's office (225) 766-0050 Ext 5064

Please sign below acknowledging you understand the above instructions and directions and have no questions.

X ----- Date _____