

34020 WEST 7 MILE ROAD, SUITE 101, LIVONIA, MICHIGAN 48152 T) 248-516-5016, F) 248-517-5017

TODAY'S PROCEDURE: Head and Neck nerve block

1. If you received IV sedation with the procedure, your reasoning, coordination, and reflexes are decreased.

Therefore:

- A. You must not operate a vehicle or use machinery/appliances for twenty-four (24) hours.
- B. Avoid making critical decisions for twenty-four (24) hours.
- C. No alcoholic beverages for twenty-four (24) hours.
- 2. Return to your usual diet.
- 3. Resume all preoperative medications. EXCEPT DO NOT RESTART NSAIDS for 24 hours
- 4. Keep dressing dry and intact for 24 hours.
- 5. Do not shower for 24 hours, do not bathe or swim for 48 hours.
- 6. Contact your physician if you notice bleeding or drainage from the puncture site, unusual redness or swelling around the site, new persistent pain, fever above 100 degrees F.

SPECIAL INSTRUCTIONS:

- Nerve Block injections involve injection of a numbing solution into a selective nerve in an attempt to treat and manage pain. The injection can include a steroid (to reduce inflammation) and/or lidocaine or Marcaine (to reduce pain). Nerve block injections are used to effectively "turn off" such nerves, and thus reduce any associated inflammation. The effect of these injections lasts between one and four weeks and can be repeated as required. With some conditions however, patients report a total reduction in pain since the initial over- activity of the nerve has been counteracted. In some instances, the patient may experience a longer-term loss of pain as a result of localized anesthesia.
 - Depending on your response and circumstances, destruction of the nerve (as opposed to temporary numbing through a local anesthetic) could be considered. This is referred to as a rhizotomy or ablation. This could be achieved by radiofrequency or chemical ablation with alcohol or Lidocaine 10%.
 - If steroids are used, Steroids may cause side effects that include blurred vision, frequent urination, increased thirst and change in blood sugar levels and changes in blood pressure especially in persons with diabetes and/or high blood pressure. If these side effects become bothersome or worsen, please call our office.
 - If fever, chills, increased pain, weakness or loss of bowel/bladder function occurs, seek immediate medical attention.



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Patient Instructions: Post Procedure Fall Precautions

After Your Procedure

- Have someone check on you for the next 12 hours.
- Always have a way to call for help. If you have a cell phone or portable phone, keep it with you at all times for the next 12 hours.
- Keep a phone next to your bedside or area where you rest post-procedure.
- Keep a list of emergency numbers near the phone.

To Get Up from Bed

- Clear bed sheets from your feet.
- Move to the edge of the bed and roll onto your side. Push yourself up with your hand.
- At the same time, swing your legs over the side of the bed.
- Sit on the edge of the bed for at least 30 seconds before standing up.
- With both feet firmly on the floor, put your hands beside you on the bed and slowly push yourself up.

Get Help to Move Around

- Take your time getting up at home and if needed, ask someone to help you.
- Sit up slowly and with help.

Keep Things Within Reach

• Keep the things you use often within easy reach, like tissues, remote control, snacks and drinks.

What to Do If You Fall

- Above all try to stay calm
- If you start to fall, try to relax your body. This will reduce the impact of the fall.
- Call family member for assistance.
- Don't rush to get up. First, make sure you're not hurt.
- Be sure to get checked by your healthcare provider for any injuries.

Using Curbs and Stairs

- Curbs, steps, or uneven pavement can trip you. Take care when near them.
- Check the height of a curb before stepping up or down. Be careful with uneven and cut-out sections of curbs.
- Don't rush when crossing the street. Watch for changes in pavement height.
- On stairs, grasp the handrail and take one step at a time. If you ever feel dizzy on stairs, sit down until you feel better.



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PAIN DIARY

Dear Patient,

In effort to better assess your pain after you go home, please use this "Diary" to record your pain score. This is the best way for your doctor to evaluate how effective your pain management was. Please BRING this diary with you to your next appointment.

| DATE | TIME | RATE YOUR PAIN ON A SCALE OF 0-10 |
|-------------------------------|------|--------------------------------------|
| Before Procedure | | |
| After Procedure | | |
| 2 Hours After Procedure | | |
| 4 Hours After Procedure | | |
| 6 Hours After Procedure | | |
| 8 Hours After Procedure | | |
| Next Day After Procedure | | |
| Second Day After Procedure | | |
| Third Day After Procedure | | |
| Fourth Day After Procedure | | |
| Fifth Day After Procedure | | |