



EPIDURAL BLOCK/NERVE BLOCK/FACET BLOCK/DISCHARGE INSTRUCTIONS

1. You have been given a steroid (cortisone) injection that typically requires 2 to 7 days to take effect. Your symptoms may not improve before that time. In fact, many people experience a slight **increase** in pain for the first 24 hours. Rarely, the increase in pain is significant. We recommend applying an ice pack every 20 minutes for the first 4-6 hours to minimize post-procedural discomfort.
2. A band aid has been applied to your back. You may remove the band aid after returning home. There should be nothing more than a tiny drop of blood on the bandage.
3. Activity:
 - a. We recommend relatively minimal activity for the first 24 hours. Exercise routines, physical therapy, jogging and work-outs at the gym should be avoided for at least 24 hours. One should gradually increase activities after that.
 - b. You may take a shower the evening of the injection but avoid hot tubs and baths for 1-2 days.
4. You may resume your normal diet immediately.
5. Medications: All medications should be resumed immediately following the injection except blood thinners such as Aspirin and Coumadin, which should be withheld until the day following the injection.
6. Headache: People occasionally experience headaches following the procedure. Drink plenty of fluids and take caffeine unless contradicted.
7. If you are diabetic:
 - a. Steroid injections will increase your blood sugar significantly, typically for 48-72 hours, but on rare occasions, longer.
 - b. Please follow your blood sugar closely, but be cautious of radical changes in medication dosages, as blood sugars may fall as rapidly as the increase after such injections.
 - c. Please contact your internist/endocrinologist regarding any significant changes in diabetes medication.
8. Please refer to our website: www.minkrad.com under the tab “**Imaging Procedures**” then “**Intervention**” for further information.
9. For a true medical emergency, please proceed to your nearest emergency room and bring this form. For all non-medical emergency calls please dial 310-358-2100

Please sign to acknowledge that you have read and understand these instructions.

Procedure	Drugs	Level(s)
<input type="checkbox"/> Interlaminar	_____	_____
<input type="checkbox"/> Transforaminal		
<input type="checkbox"/> Facet		

Patient Signature

Date