

Rochester Pain Solution
Discharge Instructions: Facet Joint Injection

Please pay attention to the following side effects and post-injection instructions:

Activity:

1. It is not uncommon to experience pain or soreness at the side of the injection, apply ice packs to the injection site for no longer than 20 minutes. You may repeat the ice pack treatment 4 to 6 times as needed.
2. You have received an injection of a regional anesthetic. It is likely that the effects of this anesthetic are still present when you are discharged home. The regional/local anesthetic provides pain relief and also prevents your muscles from working at full strength.

Diet:

1. Resume preoperative diet.

Medications:

1. If you are diabetic, the steroids may temporarily increase your blood sugar levels. If this occurs, please notify your personal doctor. Your diabetic medication may need to be adjusted. Other steroid effects may include water retention, insomnia, restlessness and headache.
2. You may take pain medication prescribed by your referring doctor as instructed.
3. You may also resume your usual medication after procedure.

If you develop ANY of the following symptoms, please call the office at 585-491-6130. If you are unable to reach your physician or you are having an emergency, please call 911.**

- Fever or chills
- Severe tenderness at the injection site
- Weakness in the arm (for neck procedure) or leg (back procedure) that persists the next day after the procedure
- Unable to urinate or have new incontinence of bowel or bladder
- Breathing difficulty, dizziness, severe total body rash, facial or tongue swelling, chest pain.

** The office phones are open Monday through Friday, from 8:30 am to 4 pm call; weekends and holidays, you will be directed to the on-call answering service through the main office phone number and they will reach out to your physician.

Follow up: Please call the office at 585-491-6130 if a follow up appointment is needed

I have read and understand the above instructions and have received a copy.

Patient Signature _____

Witness Signature _____

Date: _____