

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. You may resume your usual diet.

Medications:

1. You may take pain medication prescribed by your referring doctor as needed.
2. You may also resume your usual medication after procedure.
3. 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.

If you develop ANY of the following, please call the doctor you have seen for your procedure or go to the emergency room:

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

Monday to Friday, from 8 am to 5 pm, call (585) 491-6130
After 5:00 PM, on weekends or Holidays, call 585-520-1812.

If you have received general anesthesia or intravenous sedation, we suggest you do not sign any important documents or make any important decisions for 24 hours.

Follow up: Please call your doctor at 585-491-6130 for a follow up appointment if needed.

Medications/prescriptions given to patient at discharge: _____

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

Patient Signature _____ Witness signature: _____

Accompanying adult: _____ Date: _____

*** If you cannot reach your physician and it is an Emergency, please call 911 or go to the nearest Emergency Department.**