

Rochester Pain Solution
Discharge Instructions: Greater trochanter bursae injection or ischial tuberosity bursae injection

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

Activity:

1. For the duration of the local anesthetic effect, usually 4 to 6 hours, you may have decreased muscle strength in your lower extremities on the side of the injection.
2. You have received an injection of a local anesthetic. It is likely that the effects of this anesthetic are still present when you are discharged home. The local anesthetic provides pain relief and also prevents your muscles from working at full strength.
3. It is not uncommon to experience pain or soreness at the side of the injection. After the injection, you should apply ice packs to the injection site for no longer than 20 minutes at a time, repeating the ice pack treatment 4 to 6 times as needed.

Diet:

1. You may resume your usual diet.

Medications:

1. You may also resume your usual medication after the procedure.
2. If you are diabetic, the steroids may temporarily increase your blood sugar levels. If this occurs, please notify your primary care provider. 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 at 585-491-6130 or go to the emergency room:

1. Fever or chills
2. Severe tenderness at the injection site
3. Weakness in the leg that persists the next day after the procedure
4. Breathing difficulty, dizziness, severe total body rash, facial or tongue swelling, chest pain

Contact information:

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.

Follow up: Please call the office at 585-248-9170 for a follow up appointment if needed.

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.

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.**