

Rochester Pain Solution

Discharge Instructions: Sacroiliac joint injection

Your doctor has given you a sacroiliac joint injection(s). A sacroiliac joint is an area of tenderness related to muscle spasms. This procedure is done to relieve sacroiliac joint pain, by injecting medication directly into the area. The local anesthetic medication used will provide a temporary numbing effect. A steroid medication may be used to decrease inflammation, and will work slowly over the next one to two weeks. These effects are temporary and will diminish over time.

Activity:

1. After the injection you may notice an increase tenderness in the area of your usual pain. For injection site tenderness, 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.
2. Some patients develop some leg weakness for 10-18 hours after the injection. This weakness is due to leaky sacroiliac joint capsule. This will resolve on its own. If weakness is significant, for the time being, please use assistive device for ambulation.

Diet: You may resume your usual diet.

Medication:

1. You may resume your usual medications

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

- Redness, swelling, or drainage from the injection sites
- Fever or chills
- Prolonged dizziness
- Signs of allergic reaction such as swelling, shortness of breath, and rash

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

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

Follow up: You may call the office at (585)248-9170 if a follow up appointment is needed.

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

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

Patient Signature: _____ Witness Signature: _____

Accompanying Adult: _____ Date: _____

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