

**Rochester Pain Solution**  
**Discharge Instructions: Peripheral nerve block**

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 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.
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 take pain medication prescribed by your referring doctor as needed.
2. You may also resume your usual medication after the 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 at 585-491-6130 or go to the emergency room:**

1. Fever or chills
2. Severe tenderness at the injection site
3. Rash and discharge from the site of the injection
4. Allergic reaction, shortness of breath, or dizziness

**Contact information:**

Monday to Friday, from 8:30 am to 4 pm, call (585) 491-6130  
After 5:00 PM, on weekends or Holidays, call 585-520-1812.

**Follow up:** Please call the office at 585-491-6130 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.**