ASC/PAIN SUITE POST-PROCEDURE INSTRUCTIONS

Neurology / Pain Management

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Office Phone (203) 635-8780 (for questions or concerns)

Please set up your patient portal account for easier access to provider care - if new activation code is needed for setup, please let the care team know. Message Dr. Sader directly on the portal, their inbox is checked daily during the work week.

WHAT TO EXPECT

- o It is normal to have some pain, swelling, or bruising at the injection site for the next day or two.
- o You will receive a call from our office in the next 24-72 hours to check on your pain score and make sure you are not experiencing any side effects.
- o Remember that it can take a few days (3-10 days for steroid injections) for you to start getting the benefit from the procedure; the effects are not always instantaneous.
- o No lifting or strenuous exercise for the next 3 days. This will allow the procedure site time to heal
- o If you develop nausea, vomiting, a severe headache, dizziness, or signs of infection (increased pain, redness, swelling, discharge (pus), odor, and/or a fever greater than 100.5 degrees F) or other concerns regarding the site where your procedure was done, call your physician.
- o Please remember, no driving for 24 hours unless otherwise instructed by Dr Sader.

IF YOU HAD A THERAPEUTIC INJECTION (EPIDURAL STEROID INJECTION, SI JOINT OR OTHER JOINT INJECTION)

- o In some cases, you might get pain relief the same day as the procedure, and this is due to local anesthetic and saline flushing the inflammatory mediators in the epidural space or joint.
- o The sustained, long-term benefit from the steroid usually starts on day 4 and can last anywhere from 1 month to 1 year, but on average 3-6 months. When it wears off, you may contact Dr Sader's office to inquire about repeat injection.

IF YOU HAD A DIAGNOSTIC INJECTION (MEDIAL BRANCH BLOCK, GENICULAR BLOCK)

o The local anesthetic injected at the site starts working within 30min of the injection and wears off anywhere between 4 hours and 24 hours after. Any residual benefit after that period would be coming from the steroid.

o In most cases, 2 diagnostic blocks are needed before deciding on eligibility for the therapeutic procedure (radiofrequency neurotomy).

o Please fill out the following table to help us decide on next step. You are encouraged to move around and do the activities that normally provoke your pain (such as going up and down stairs) to test out whether the pain is alleviated by the diagnostic block.

	Pain score (0=no pain, 10=max pain)
Pre-procedure	
30 min after procedure	
60 min after procedure	
1 hour after procedure	
1 hour 30min after procedure	
2 hours after procedure	
2 hours 30min after procedure	
3 hours after procedure	
3 hours 30min after procedure	
4 hours after procedure	
4 hours 30min after procedure	
5 hours after procedure	
5 hours 30min after procedure	
6 hours after procedure	

IF YOU HAD A LUMBAR PUNCTURE

o Early ambulation, hydration and caffeine intake are encouraged to lower the risk of post-LP headache.

CONTACT OUR TEAM IF:

- o You have a temperature of 100.5 °F (38 °) or higher.
- o You have shortness of breath.
- o Swelling around your injection site is increasing.
- o You have pus-like (thick, yellowish, or foul-smelling) drainage from the injection site.
- o You have any sudden increase in pain or new pain.
- o You have nausea and vomiting.
- o You have any new or unexplained symptoms.

- o You have any questions or concerns.
- o If you develop any new weakness or numbness in the legs, or bowel/bladder changes, seek urgent medical attention.

The phone number for Dr. Sader's office is: (203) 635-8780

FOLLOW-UP

- o You will receive a call from our office in the next 24-72 hours to check on your pain score and make sure you are not experiencing any side effects.
- o Make sure to book a follow-up visit 6-8 weeks after the procedure.
- o If you have any problems, questions or concerns at any point after the procedure, it is best to call or message Dr. Sader on your patient portal during normal business hours.
- o If you have a true medical emergency, there is a team member on call, but you will likely be directed to the emergency room for evaluation.

Elie SADER, MD

Attending Physician

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