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POST PROCEDURE INSTRUCTIONS

You have had _____ . The purpose of this procedure has been to place medication or provide treatment which may help you. This medication may include a steroid which is used to decrease the swelling and nerve irritation which may be causing your pain. It may also include a local anesthetic which may provide temporary pain relief. The local anesthetic may also cause some weakness or numbness of your legs (for back procedures) or of your arms (for cervical procedures). This should wear off within several hours after the injection.

The following information will help you over the next few days as to what you can expect.

1. Please take it easy for the rest of today. If instructed, you may resume your normal daily activities.
2. **DO NOT** drive a vehicle for the remainder of today.
3. If you feel sore where the needle entered for the injection, **PLEASE USE ICE (NOT HEAT) ON THE AREA FOR THE REST OF THE DAY.** You may leave the ice on for up to 20 minutes at a time. The day after the procedure you may begin to use ice or heat to the injection site ... whichever provides the most relief.
4. As long as your primary doctor has indicated no restrictions, you may take a mild pain medicine such as acetaminophen (**Tylenol**), ibuprofen (**Advil, Aleve, Nuprin, Motrin IB, etc.**) or aspirin, **IF NEEDED.**
5. Please keep a record of your pain level on a scale of 0-10 until you return to our office. ***It may take up to a week to ten days (up to a month for radiofrequency injections) to know whether the injection was helpful. You can expect soreness at the actual injection sites for a couple of days. THIS IS NORMAL AND WILL GO AWAY.***
6. Please notify our office preferably using the patient portal 7-10 days following the injection to report how much relief and the duration of the relief you have. If you call please leave a message on voice mail with your report with your phone number with times you are available for returned phone calls. Insurance carriers require this information for approval of future injections and/or treatments so it is important that this is reported. **Please use the following categories to describe your relief:**
 None or Slight Improvement (0-20%); **Moderate Improvement (30-40%);** **Significant Improvement (50-70%);** or **Excellent Improvement (75-100%).**
7. If the area where the needle was inserted becomes hot, red, swollen, or increasingly tender, or if you develop a fever with these symptoms, **please contact our office immediately.**
8. If you develop increasingly severe back pain, numbness or weakness of the legs or arms, or loss of control of bladder or bowel functions, **please contact our office immediately.**
9. **If you are diabetic,** watch for elevations of your blood sugar. Follow up with or notify your **PRIMARY CARE PHYSICIAN** if the blood sugar does not seem to be returning to normal within one to two weeks after this procedure.
10. If you are currently on anticoagulants ("blood thinners") you may resume taking these meds this evening.
11. If you have any questions about your injection, please contact our office preferably through our patient portal or voice mail (706) 425-2400.

INSTRUCTIONS FOR FOLLOW-UP:

PLEASE SIGN BELOW:



Patient Signature

Date

FOLLOW UP OFFICE VISIT:

MEDICATION(S):

Signature

Date

Patient demonstrated understanding No Barriers Identified Barriers Identified