



- William H. Megdal, M.D.
- Benjamin E. McCurdy, M.D.

Procedure Date: _____

Discharge Instructions for Kyphoplasty

Your procedure consisted of a needle placed into the broken bone(s) in your spine, a balloon(s) was inflated to create a space for injection of bone cement for stabilization of your fractured bone(s).

- Soreness at the insertion site may persist for several days after the procedure. You may use ice in 15 minute increments to the affected area as needed. The “fracture-type pain” characterized by severe pain with movement, should be better immediately post-procedure.
- You have steri-strips/ band-aids over the puncture site. **DO NOT GET THE DRESSING WET FOR 48 HOURS.** Leave the dressing in place for 48 hours after the procedure; then you may remove the dressing.
- Avoid strenuous exercise or heavy lifting for the next several days. You may advance your activity level slowly or as directed by your physician today.
- You may resume all of your usual medications unless instructed differently by your physician today.
- Contact our office (706-425-2400):
 - If you develop a fever of 100.4 or greater, redness, pus, or drainage at the injection site.
 - If you have nausea, vomiting, unusual pain or swelling at the site of the procedure.
 - If you develop recurrent severe pain, contact your physician as an additional compression fracture should be ruled out.
- **If you experience difficulty breathing or excessive bleeding, call 911 and/or go to the nearest emergency room. Take this sheet with you to give to the emergency room staff.**

Because you receive sedation today:

- Do not drive a car or operate heavy machinery/ power tools for 24 hours.
- Do not drink alcoholic beverages for 24 hours
- Do not sign any legal documents for 24 hours
- Do not return to work today
- The medicine you were given today might make you feel a little sleepy, light-headed, or dizzy for several more hours. A responsible adult should be with you.

Prescriptions given today: _____

Follow-up appointment: (Refer to the appointment reminder you received at the check-out desk).

Family/Driver Signature: _____

Date: _____

Patient Signature: _____

Date: _____

830 King Avenue ✦ Athens, Georgia 30606
(706) 425-2400 Office ✦ (706) 425-2410 Fax