

## NORTHWEST SPINE & SPORTS PHYSICIANS, P.C.

□ 1750 112<sup>th</sup> Ave NE, Suite D-258  
Bellevue, WA 98004-3727  
tel 425-451-2272 fax 425-451-1052

□ 12911 120<sup>th</sup> Ave NE, Suite F-160  
Kirkland, WA 98034-3027  
tel 425-823-7530 fax 425-823-7535

□ 14841 179<sup>th</sup> Ave SE, Suite 320  
Monroe, WA 98272-1161  
tel 360-805-6879 fax 360-863-0804

Andrew J. Cole, M.D. ▪ Nelson A. Hager, M.D., M.S. ▪ Garrett S. Hyman, M.D., M.P.H.  
Yung J. Lee, D.O. ▪ Carolyn A. Marquardt, M.D. ▪ Llewellyn N. Packia Raj, M.D.  
David E. Spanier, M.D. ▪ Alison A. Stout, D.O. ▪ Irene A. Young, M.D.

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### **POST I.V. SEDATION INSTRUCTIONS**

If you have received medications for sedation, they will act in your body for up to 24 hours. You may not remember some things about your surgery including important instructions and explanations which you have been given. This is not unusual. You may feel lazy or drowsy. Your fine muscle control and judgment may also be affected. Your reaction time can be slowed. You may not appreciate these changes, but it is important for you to be aware of these facts and modify your activities.

1. A responsible adult must drive you home after your procedure.
2. Do not drive a car or operate machinery/power tools until the next morning.
3. Do not take any tranquilizers or sleeping pills unless specifically ordered by your physician.
4. Do not drink alcoholic beverages.
5. Do not sign any legal documents.
6. Do not assume responsibility in caring for others until you are recovered.
7. Take your pain medicine as directed, but avoid driving and the use of alcohol while taking narcotic pain medications.

### **POST-INJECTION INFORMATION**

#### **YOU SHOULD:**

1. Go home and rest after your injection.
2. Take it easy for that day and the next several days.
3. Be able to return to work the day after your injection.
4. Start physical therapy two (2) days after your injection unless informed differently by your doctor.
5. Apply ice at the site of the injection for approximately 10-20 minutes. This will help with any residual pain. This may be repeated every two (2) hours as needed.

#### **YOU SHOULD NOT: Drive until the following morning.**

You may experience numbness and/or weakness for up to twenty-four (24) hours after your injection. If you experience any difficulty using your bowel or bladder or have numbness that does not resolve in twenty-four (24) hours or that progressively worsens, call your physician immediately. You will be given more detailed instructions after your injection. Please call our office if you have additional questions.

Serious complications from these procedures are extremely rare. It is important to understand the difference between the discomfort you may experience from the procedure in contrast to a complication from the procedure. At times, some patients will experience a temporary worsening of their pain as the anesthetic wears off and any corticosteroid medications that may have been used begin to take effect.

#### Effects commonly experienced:

1. Soreness at the injection site
2. Increased discomfort for several days in the area of the injection
3. Increased stiffness or muscle spasm when bending
4. Numbness and/or weakness for the first twenty-four (24) hours

If you received a cortisone/steroid injection (e.g., epidural, facet, sacroiliac or hip joint injection) additional temporary side effects may occur. These temporary side effects may include one or more of the following: sweating, flushing, including the face and chest, increased heart rate, insomnia, anxiety, irritability, hiccups, headache, minor swelling, upset stomach, menstrual changes, frequency of urination, and a slight fever with flu-like symptoms.

Ice packs and resting may help reduce symptoms. These symptoms usually resolve in several days. If approved by your doctor, **Tylenol**, antiinflammatories or other pain medication may also help relieve discomfort. Avoid activities that aggravate your pain. Be patient and try these things before considering additional measures.

**The following indications should alert you to be taken by another driver to your nearest emergency room and also to call your physician at Northwest Spine & Sports Physicians.**

Seizures

Bleeding at the injection site that continues even after twenty (20) minutes of applying pressure

Difficulty breathing or speaking

High fevers (greater than 101° Fahrenheit)

Loss of bowel or bladder control, difficulty or inability to urinate

**PROGRESSIVELY WORSENING** numbness or weakness

Stable numbness or weakness that lasts longer than twenty-four (24) hours after the injection

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Patient Signature

\_\_\_\_\_  
RN Initials

\_\_\_\_\_  
Date