

POST-PROCEDURE INFORMATION

WHAT TO EXPECT:

Most procedures involve the use of a local anesthetic (numbing medicine), and a steroid (anti-inflammatory medicine).

The local anesthetics may cause temporary **numbness and weakness** of the legs or arms, depending on the location of the block. This numbness/weakness may last 4-6 hours, depending on the local anesthetic used. In rare instances, it can last up to 24 hours. While numb, you must be very careful not to injure the extremity.

After any procedure, you could expect the pain to get better within 15-20 minutes. This relief is **temporary** and may last 4-6 hours. Once the local anesthetics wears off, you **could** experience discomfort, possibly more than usual, for up to 10 (ten) days. In the case of radiofrequencies, it may last up to 6 weeks. Surgeries may take up to 8 weeks for the healing process. The discomfort is due to the irritation caused by needles going through skin and muscle. To minimize the discomfort, we recommend using ice the first day, and heat from then on. The ice should be applied for 15 minutes on, and 15 minutes off. Keep repeating this cycle until bedtime. Avoid applying the ice directly to the skin, to prevent frostbite. Heat should be used daily, until the pain improves (4-10 days). Be careful not to burn yourself.

Occasionally **you may experience muscle spasms or cramps**. These occur as a consequence of the irritation caused by the needle sticks to the muscle and the blood that will inevitably be lost into the surrounding muscle tissue. Blood tends to be very irritating to tissues, which tend to react by going into spasm. These spasms may start the same day of your procedure, but they may also take days to develop. This late onset type of spasm or cramp is usually caused by electrolyte imbalances triggered by the steroids, at the level of the kidney. Cramps and spasms tend to respond well to muscle relaxants, multivitamins (some are triggered by the procedure, but may have their origins in vitamin deficiencies), and "Gatorade", or any sports drinks that can replenish any electrolyte imbalances. (If you are a diabetic, ask your pharmacist to get you a sugar-free brand.) Warm showers or baths may also be helpful. Stretching exercises are highly recommended.

GENERAL INSTRUCTIONS:

Be alert for signs of possible infection: redness, swelling, heat, red streaks, elevated temperature, and/or fever. These typically appear 4 to 6 days after the procedure. Immediately notify your doctor if you experience unusual bleeding, difficulty breathing, or loss of bowel or bladder control. If you experience increased pain, do not increase your pain medicine intake, unless instructed by your pain physician.

POST-PROCEDURE CARE:

Be careful in moving about. Muscle spasms in the area of the injection may occur. Use ice or heat to the area is often helpful. The incidence of spinal headaches after epidural injections ranges between 1.4% and 6%. If you develop a headache that does not seem to respond to conservative therapy, please let your physician know. This can be treated with an epidural blood patch.

Post-procedure numbness or redness is to be expected, however it should average 4 to 6 hours. If numbness and weakness of your extremities begins to develop 4 to 6 hours after your procedure, and is felt to be progressing and worsening, immediately contact your physician.

DIET:

If you experience nausea, do not eat until this sensation goes away. If you had a "Stellate Ganglion Block" for upper extremity "Reflex Sympathetic Dystrophy", do not eat or drink until your hoarseness goes away. In any case, always start with liquids first and if you tolerate them well, then slowly progress to more solid foods.

ACTIVITY:

For the first 4 to 6 hours after the procedure, use caution in moving about as you may experience numbness and/or weakness. Use caution in cooking, using household electrical appliances, and climbing steps.

IF YOU NEED TO REACH YOUR DOCTOR CALL OUR OFFICE:

Monday-Thursday 8:00 am - 4:00 PM

Fridays 8:00 am - 12:00 noon

After clinic hours, just have the operator reach the Doctor, so that he can call you back.

IN CASE OF AN EMERGENCY:

In case of emergency, call 911 or go to the nearest emergency room and have the physician there call us.

INTERPRETATION OF PROCEDURE

Even a block that does not provide you with any relief of the pain will always provide us with invaluable information about the mechanism and location of your pain.

Every nerve block has two components: a **diagnostic component**, and a **treatment component**. **Unrealistic expectations** are the most common causes of "perceived failure". In a perfect world, a single nerve block should be able to completely and permanently eliminate the pain. Sadly, we do not live in a "Perfect World"..

Most pain management nerve blocks are performed using local anesthetics and steroids. Steroids are responsible for any long-term benefit that you may experience. Their purpose is to decrease any chronic swelling that may exist in the area. Steroids begin to work immediately after being injected. However, most patients will not experience any benefits until 5 to 10 days after the injection, when the swelling has come down to the point where they can tell a difference. Steroids will only help if there is swelling to be treated. As such, they can assist with the diagnosis. If effective, they suggest an inflammatory component to the pain, and if ineffective, they rule out inflammation as the main cause or component of the problem. If the problem is one of mechanical compression, you will get no benefit from those steroids.

In the case of **local anesthetics**, they have a crucial role in the diagnosis of your condition. Most will begin to work within 15 to 20 minutes after injection. The duration will depend on the type used (short- vs. Long-acting). It is of utmost importance that patients keep track of their pain, after the procedure. To assist with this matter, a "Post-procedure Pain Diary" is provided. Make sure to complete it and to bring it back to your follow-up appointment.

REPORTING THE RESULTS BACK TO YOUR PHYSICIAN

THE PAIN SCORE

Pain is a subjective complaint. It cannot be seen, touched, or measured. We depend entirely on the patient's report of the pain in order to assess your condition and treatment. To evaluate the pain, we use a pain scale, where "0" means "No Pain", and a "10" is "**the worst possible pain that you can even imagine**" (i.e. something like been eaten alive by a shark or being torn apart by a Lion).

You will frequently be asked to rate your pain. Please be as accurate, remember that medical decisions will be based on your responses. Please do not rate your pain above a 10. Doing so is actually interpreted as "symptom magnification" (exaggeration), as well as lack of understanding with regards to the scale. To put this into perspective, when you tell us that your pain is at a 10 (ten), what you are saying is that there is nothing we can do to make this pain any worse. (Carefully think about that.)