

Epidural Steroid Injection Discharge Instructions

1. You may experience increased discomfort for 24 hours after the injection. Limited activity and rest is recommended for this time period.
2. You may gradually resume regular activities as your discomfort subsides.
3. If you received IV sedation, do not drive or operate machinery for 6 hrs. You will need a responsible adult to drive you home after the procedure.
4. Keep injection site dry for 24 hours. No showers or tub baths today.
5. Steroid medications take 2-5 days to become effective; therefore, you may not experience immediate pain relief.
6. You may resume your routine medications, including any anti-inflammatory drugs, muscle relaxants or prescription pain medications.
7. If you are taking blood thinners, you may resume it 12 hours after your procedure.
8. You may resume your regular diet. Do not drink alcohol today. Drink plenty of water.
9. **Follow up with:** _____

Notify your Referring Physician or Dr. Bursell at the Juneau Bone and Joint Center **(907)364-2663** if any of the following occurs:

- Discomfort that becomes severe and/or interferes with normal movement or feeling.
- Signs of infection at injection site, which may include warmth, redness, swelling, foul odor and drainage or if you have an increase in temperature above 100.5 degrees orally.
- Excessive bleeding from injection site.
- New changes in sensation or motor function such as new areas of numbness, weakness, or changes in bowel or bladder function.
- **If you are unable to reach your physician in an emergency, go to Bartlett Emergency Department.**

These Instructions have been reviewed with me.

Patient Signature

Date

Facet Joint Injection/Medial Branch Block

1. If you were given an **Injection Report Form**, it is important to complete this report as instructed. This aids your referring provider in isolating the source of pain.
2. Due to the diagnostic nature of the injection, you should perform the activities that bring on the pain you will be rating. This evaluates your pain reduction over the next 3-5 hrs.
Please return the Injection Report Form to your referring provider to evaluate your response to the injection.
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10. **Follow up with:** _____

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