

Philadelphia Surgi-Center
9500 Roosevelt Blvd
Philadelphia, PA 19115
(215) 969 1048

Your Appointment is on: _____

You will receive a call the day before your procedure with your exact arrival time.

Any question regarding your appointment, please contact Pain Management at **(215) 338-1811**

Your follow up appointment is **at Pain Management Physicians at 2701 Holme Ave Suite 205 Philadelphia, PA 19152 at the Nazareth Physicians Office Building**

On: _____

**Pain Management
Nazareth Physicians Office Building
2701 Holme Ave
Suite 205
Philadelphia, PA 19152**

This packet contains your Pre- Procedure and Post-Procedure instructions.

It is important that you take time to review all the instructions in this packet

Please follow the Pre-Procedure instructions regarding your medications and what you may take before your procedure

Save these instructions

Pre-Procedure Instructions

What is a pain procedure and why is it performed?

The purpose of the pain procedure is to diagnose and treat the cause of your pain. The injections will be on or near the nerve, muscle and/or joint. The duration of pain relief from this procedure varies in each patient. Usually the injection contains a local anesthetic along with a long acting steroid. The steroid medication begins to take effect anywhere from 2-14 days after the injection and then continues to be effective for an extended period of time.

Instructions you **MUST** follow prior to your procedure:

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT!

Take your blood pressure, heart, thyroid medications with a sip of water on the day of your procedure. You will receive special instructions if you are diabetic or are on medications that effect your bleeding.. (blood thinners). You may be receiving sedation during the procedure, which will alter your reaction time; therefore, you must bring a responsible adult over the age of 18 to drive you home after your procedure.

If you are Diabetic:

Make your appointment in the morning, remember, there is nothing to eat or drink after midnight. Please remind the office that you are diabetic.

DO NOT TAKE YOUR DIABETES MEDICATION UNTIL AFTER YOUR INJECTION

If you take PLAVIX:

Stop your Plavix 7 days before your injection. Consult your Physician or Cardiologist before stopping.

If you take COUMADIN:

Stop your Coumadin 5 days before your injection. You will need your blood drawn the day before your injection. Consult your physician or Cardiologist before stopping.

What happens the day of your procedure?

You can expect to spend a few hours at the facility. An I.V. may be used to deliver fluids and medications. Your physician will put you in the position he/she feels best for your procedure. The skin will be cleansed and the area will be numbed. Fluoroscopy (x-ray) is used for needle placement. After correct placement, a small amount of medication will be administered. A band-aid will be applied to the site.

Special care after your procedure:

You will rest for about 30 minutes after the procedure. Your blood pressure, pulse, injection site and pain level will be checked.

Your discharge instructions will be reviewed and you will be able to go home with your driver.

IF YOU HAVE SEDATION, YOU ARE NOT ABLE TO DRIVE FOR 24 HOURS AFTER YOUR PROCEDURE.

If you do not have a driver your procedure will be cancelled!

PAIN MANAGEMENT PHYSICIANS

Day of Procedure Check list

Bring the following with you:

1. Complete and updated **medication list** include over the counter, supplements and vitamins
2. **Last dose information of ALL medications** especially Aspirin, and Blood thinning products as per physician instructions

Aspirin	last dose	_____
Coumadin	last dose	_____
Heparin	last dose	_____
Plavix	last dose	_____
Aleve	last dose	_____
Motrin	last dose	_____
Naprosyn	last dose	_____
Naproxen	last dose	_____
Ibuprofen	last dose	_____
Excedrin	last dose	_____
Lovenox	last dose	_____

3. **List of medication allergies**
4. **Take prep as directed for IV Dye Allergies if applicable**
5. **Driver's License or photo identification and insurance card**

Medication Restrictions

If you take anticoagulants, (blood thinners), please speak with your physician before stopping these medications.

Anticoagulants:

Aggrenox (5 Days)
Lovenox (1 Day)
Plavix (7 Days)
Pletal (3 Days)

Coumadin (5 Days)
Persantine (2 Days)
Ticlid (14 Days)

Stop all aspirin containing medications FIVE days before your procedure. If you take aspirin for your heart, do not stop without consulting with your family physician or cardiologist.

Aspirin containing medications:

Ascription
Ecotrin
Fiorinal
Percodan
Bayer
Empirin
Lortab ASA
St. Josephs Aspirin

Bufferin
Excedrin
Momentum
Wygesic
Darvon Compound 65
Norgesic Forte P-A-C
Soma Compound

Stop all non aspirin, non steroidal pain relievers 3 days before your procedure.

Non-Aspirin containing medications:

Advil	Dolobid	Meclofenamate
Diclofenac	Ketoprofen	Naproxen
Ibuprofen	Nabumetone	Trilisate
Mobic	Salsalate	Daypro
Piroxicam	Aleve	Fenoprofen
Voltaren	Etodolac	Meloxicam
Anaprox	Ketoralac	Oxaprozin
Diflunisal	Naprosyn	Vicoprofen
Indomethacin	Sulindac	Feldene
Motrin	Combunox	Relafen

Stop All Gingko, Ginseng, Garlic and Vitamin E supplements 5 days before your procedure.

There are NO restrictions on Acetaminophen (Tylenol) containing products:

Actiq Amitriptyline Avinza Norflex Celebrex Cymbalta Darvocet
Dilaudid Pamelor Fentanyl Hydrocodone Hydromorphone Gabapentin
Tramadol Kadian Lorcet Lyrica Methadone Zonegran Morphine
MSIR Neurontin Orphenadrine Baclofen Oxycodone OXYIR Nortriptyline
Percocet Duragesic Patch Firoicet Skelaxin Tizanidine Ultracet Gabitril
Lortab Oxycontin Percogesic Valium Cyclobenzaprine Excedrin-Aspirin Free

Post Procedure Instructions

Your physician has given you an injection of medication. The purpose of this procedure is to decrease pain and inflammation in the area of your discomfort. The duration of pain relief from this procedure varies in each patient. The local anesthetic medication provides a temporary numbing affect lasting from one to several hours. The steroid medication begins to take effect 2-14 days after the injection and then continues to be effective for an extended period of time.

Take is ease and rest today. DO NOT overdue although you may feel better. DO NOT DRIVE until tomorrow. You may resume your regular activities tomorrow including exercise.

Apply an ice pack to the injection site for 20 minutes, then removing for 1 hour and repeating if needed. There may be some soreness at the site. Increase fluid intake today. Return to normal diet; eat lightly at first. Attempt to urinate every four hours until bedtime. Avoid activities that require bending, lifting, twisting and prolong sitting.

Sometimes your pain may remain or you may even feel slightly worse-this is not unusual. Remember to use ice for the first 24 hours and a heating pad thereafter. Keep the area clean.

It is not necessary to call Pain Management Physicians for the following side effects..

Dizziness, Weakness in the legs (especially if the injection was in your back)
Numbness and Ache from the needle insertion.

These side effects and considered acceptable and temporary and will subside in a day or two.

Notify Pain Management Physicians if the following symptoms occur.

Prolong weakness or numbness lasting more than a day. Drainage, redness, active bleeding or swelling at the injection site. Prolong dizziness-lasting more than a day. Headache that increases when your head is upright and decreases when you lie flat. Temperature above 100.5 or inability to urinate for greater than 8 hours.

If you are experiencing severe pain or other pain related problems, it may be necessary for you to go to the nearest emergency room. LET THEM KNOW YOU HAD AN INJECTION.

**Philadelphia Surgi Center
Patient Rights and Responsibilities**

THE PATIENT HAS THE RIGHT TO:

- 1.** Receive services without regard to age, race, color sex, sexual orientation, marital status, national origin, cultural, economic, educational, or religious background or the source of payment for care.
- 2.** Be treated with consideration, respect, and dignity, including privacy in treatment.
- 3.** Be Informed of the services available at the PSC.
- 4.** Be Informed of the provisions for off-hour emergency coverage.
- 5.** Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and non-physicians who will participate in the care.
- 6.** Receive information from his/her physician about his/her illness, course of treatment, and prospects for recovery in terms that he/she can understand.
- 7.** Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or nontreatment, the risks involved in each and the name of the person who will carry out the procedure or treatment.
- 8.** Participate actively in decisions regarding his/her medical treatment including the right to refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her actions.
- 9.** Have pain assessed and managed as part of the treatment process, and have his/her reports of pain believed and responded to quickly.
- 10.** Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
- 11.** Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with patient's care.
- 12.** Reasonable responses to any reasonable requests made for service.
- 13.** Leave the PSC even against the advice of physicians.
- 14.** Be Informed regarding patient billing practices, charges for services, eligibility for third-party reimbursements, and, when applicable, the availability of free or reduced cost care.
- 15.** Receive a copy of account statement upon request.

Philadelphia Surgi Center Patient Rights and Responsibilities

16. Voice grievances and recommend changes in policies and services to the PSC staff, the operator and the state department of health without fear of reprisal.
17. Make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate Advance Directives.

**Information on Advance Directives can be obtained at the Surgi-Center or online
at: <http://www.caringinfo.org/UserFiles/File/Pennsylvania.pdf>**

THE PATIENT HAS THE RESPONSIBILITY TO:

1. Provide accurate and complete information concerning his/her present condition or complaints, past medical history and other matters about his/her health.
2. Discuss expectations regarding to pain and pain management, discuss pain relief options with doctor or nurse, ask for pain relief when pain first begins, and help the doctor and nurses assess pain. Tell the doctor or nurse if pain is not relieved, and tell doctor or nurse of any worries about taking pain medications.
3. Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected.
4. Follow the treatment plan established by the physicians, including the instructions of nurses and other health professionals as they carry out the physician's orders.
5. Have someone stay with patient for 24 hours immediately following discharge.
6. Keep appointments and for notifying the PSC or physician when he or she is unable to do so.
7. Be in charge of his or her actions should he or she refuse treatment or not follow the physician's orders.
8. Ensure that the financial obligations of care are fulfilled as promptly as possible.
9. Follow PSC policies and procedures.
10. Be considerate of the rights of other patients and facility personnel.
11. Be respectful of personal property and that of other persons in the PSC.

Complaints may be lodged at the following office:

Division of Health Facilities and Evaluation and
License

Pennsylvania Department of Health
Division of Acute and Ambulatory Care
Health and Welfare Building, Room 532
Harrisburg, PA 17108
(717) 783-8980

The Office of the Medicare Beneficiary Ombudsman
can be contacted at:

<http://www.medicare.gov/Ombudsman/resources.asp>