



Michael P. Zeringue, MD

Post Operative Instructions

- Epidural Steroid Injection Facet Injection Sympathetic Block
 Sacroiliac Joint Injection Disc Injection

1. For the next 24 hours, do not drive, drink alcohol or operate heavy machinery.
2. You may feel some numbness, tingling or weakness of the back, buttocks, all arms or legs. If you are concerned about the extent or duration of these symptoms, call **504-885-6464**. Generally, these effects will last approximately 8-24 hours.
3. Minimal drainage at the injection site may occur. If it increases, call the office.
4. Pain relief may not be immediate. If pain relief is immediate, pain may reoccur several hours later, and then gradually be relieved over the next 4-5 days. Maximum effect of the injection may be felt between the 10th and 14th day.
5. You may feel increased soreness in the area surrounding the injection for 48-72 hours after the procedure. Applying ice to the area for the first 3 days may reduce this. Additionally, you may take an over-the-counter anti-inflammatory such as Advil or Aleve **or** if you already have a prescription for an anti-inflammatory drug, muscle relaxants, continue these instead.
6. If any redness or fever call Dr. Zeringue's office at our office number or emergency also give our office number for our answering service
7. Resume your regular diet.
8. You may resume normal activities as tolerated, the next day including physical therapy, showering, working, etc. **No** tub baths or swimming, Jacuzzi or hot tub for **3 days**.
9. If you have any questions or problems, call the office during normal business hours. If you feel your situation is an emergency after normal business hours go immediately to the emergency room or an Urgent care center and present these post procedure instructions.
10. Please call to schedule a follow-up visit with your ordering physician unless you already have a scheduled appointment.

I have received and understand the discharge instructions provided to me.

Patient's Signature

Date

Michael P. Zeringue, M. D.
Pontchartrain Bone and Joint

Patient Name: _____ Date of Procedure: _____

Pain Rating Scale: Please rank your pain at the following times post procedure. *“0” is no pain and “10” is worst pain in your life*

	<i>No pain</i>										<i>worst pain</i>
1 hour	0	1	2	3	4	5	6	7	8	9	10
2 hours	0	1	2	3	4	5	6	7	8	9	10
3 hours	0	1	2	3	4	5	6	7	8	9	10
4 hours	0	1	2	3	4	5	6	7	8	9	10
5 hours	0	1	2	3	4	5	6	7	8	9	10
6 hours	0	1	2	3	4	5	6	7	8	9	10
Day 2	0	1	2	3	4	5	6	7	8	9	10
Day 3	0	1	2	3	4	5	6	7	8	9	10
Day 4	0	1	2	3	4	5	6	7	8	9	10
Day 5	0	1	2	3	4	5	6	7	8	9	10
1 week	0	1	2	3	4	5	6	7	8	9	10
2 weeks	0	1	2	3	4	5	6	7	8	9	10

It is important to bring this form to your next doctor's appointment.