



10777 Nall Ave., Suite 120 | Overland Park, KS 66211

Phone: 913.387.2800 | Fax: 913.387-2970

www.metrospine.com

INJECTION INFORMATION

Your appointment for your injection will be on _____ at _____.

You should check in 30 minutes before the procedure at _____.

BEFORE YOUR INJECTION:

1. You must have someone responsible who will drive you to and from your procedure.
2. Please leave all jewelry and valuables at home.
3. Plan on being at our facility 1-2 hours (registrations, injection and 30 minutes observation after the procedure).
4. You will sign a consent form for treatment prior to your procedure.
5. You may eat a light breakfast (juice/toast) before the procedure.
6. Take your usual medication with your breakfast including your insulin, blood pressure, and heart medications.
7. If you are a diabetic, please call your primary care physician to notify him/her before your injection for instructions. The steroid drug in the injection may affect your blood sugar.
8. If you are taking blood thinning medications, i.e. Coumadin, Persantine, Fragmin, Lovenox, Normiflo, Aspirin, you will need to contact your primary care physician and make arrangements with their office. You must be off these types of medications for 7 days prior to the injection. Ask your doctor when you should resume these medications.
9. Notify your doctor if you are currently being treated for an infection, or you are on antibiotics.
10. Please advise the nurse if you have any allergies.
11. If you are undergoing physical therapy, ask your doctor when you may return to physical therapy. It is usually 2-3 days following the injection.

AFTER YOUR INJECTION:

1. You will need to schedule a follow-up appointment with your doctor after your injection. The time frame is usually 2 weeks.
2. The cortisone medication used in your injection can take 2-7 days before it begins to relieve the inflammation and swelling in your spine.
3. It is normal to experience some discomfort following the injection. To help relieve discomfort during the first 2 days following your injection, you may use an ice pack on the injection site for 20 minutes every hour. Take your pain medication as prescribed.
4. On the day of the injection, you should rest and ice your back 20 minutes every hour. The following day, you should resume light activity as tolerated.
5. Some of the symptoms you may experience following your injection are as follows:

Cervical Epidural or Selective Nerve Root Block

You may experience increased neck, upper back, and/or arm pain for 2-7 days. You should notice improvement in your symptoms in 10-14 days.

Cervical Facet Injection

You may experience neck ache, stiffness, and/or increased pain for 2-7 days. You should notice improvement in your symptoms in 10-14 days.

Caudal or Lumbar Epidural Injection/Selective Nerve Root Block

You may experience increased low back pain for several days. You should experience decreased leg pain anywhere from 2-21 days.

Lumbar Facet Injection

You may experience aching, stiffness, and/or increased pain in your low back for 2-7 days. You should note improvement in your back pain within 10-14 days.

Call your doctor if you experience any of the following:

- **Skin Rash**
- **Fever over 101.5 degrees F °**
- **Chills**
- **Severe headaches that disappear when lying flat and re-occur when standing**
- **Severe headaches which are accompanied by nausea, vomiting or vision changes**
- **Increase in redness, size and warmth at the site of the injection**

**In case of emergency, you can reach Dr. Galate after hours at 913.387.2800
In case of emergency, you can reach Drs. Ananth or Anderson after hours at 913.599.7657**