

VERTEBRAL AUGMENTATION DISCHARGE INSTRUCTIONS

- No driving, drinking alcohol, or signing legal documents for 24 hours after having sedation.
- Use your prescribed pain medication, muscle relaxers, and laxatives as directed. If you take blood thinning medications please clarify with your doctor when they should be restarted.
- If instructed to wear a brace, wear it as directed.
- Do not do any heavy pushing or pulling and avoid excessive lifting, overhead reaching, bending or twisting for 3 weeks (i.e. nothing heavier than a carton of milk). After that you can gradually increase your lifting to normal. Walking is encouraged and bending can be done within the restrictions of your brace.
- You have NO stitches to remove. Small bandages are on your incision. These can be removed in 24 hours. Keep the incision site dry and clean.
- Sponge bathe until allowed to shower. You may shower after 24 hours. No submerging in water for 48 hours. This includes baths, hot tubs, and swimming pools.
- You may apply ice packs to the injection site(s) for 20 minutes every hour as needed. This will help with any swelling, bruising and local pain. Provide a cloth barrier between the ice pack and skin to prevent getting the dressing wet and cold injury.

Please contact us immediately if you experience any of the following:

- Any sign or symptom indicative of an infection including fever (temperature greater than 100.5 F), chills, and/or excessive warmth, redness, or drainage from the incision site. A slight amount of drainage is normal for a day or two following surgery.
- New weakness or pain occurring in your legs.
- A severe headache, particularly one that gets better with lying down and worse with sitting and standing.
- A loss of bowel or bladder control.
- Pain that gets worse after 48 hours or changes locations.
- The Regional Pain Institute's after-hours answering service may be reached by calling (480) 636-1225. Please follow the prompts to page the appropriate physician.

RX: _____

PATIENT SIGNATURE: _____ DATE: _____

DISCHARGE RN/MA SIGNATURE: _____ DATE: _____