

LUMBAR SYMPATHETIC NERVE BLOCK DISCHARGE INSTRUCTIONS

ACTIVITY

- Attend therapy or home therapy as prescribed.
- Please call our office afterwards with a progress report.
- DO NOT DRIVE or operate machinery today.
- You may resume normal activities tomorrow as tolerated.

CARE OF THE INJECTION SITE

- For soreness or pain, you may apply ice today. (20 minutes on/20 minutes off)
- Notify the Spine and Pain Center if you have any of the following: redness, drainage, swelling, chills, or fever above 100*F degrees.

SPECIAL INSTRUCTIONS

- You may experience the following for up to 6 hours after the procedure:
 - 1. Sensation of warmth or tingling in the leg or foot.
 - 2. Dizziness. Lying down usually helps. Sit up and then stand gradually, with assistance if needed.
- Notify the Spine and Pain Center or go to the nearest emergency room if you have severe groin pain, bloody urine, or inability to pass urine. Be sure to let medical personnel know that you have had a lumbar sympathetic nerve block.

MEDICATIONS

- Continue to take all routine medications.
- Our office may have instructed you to hold some medications. You may resume ______.

As no general anesthesia was used in today's procedure, you should not experience any side effects related to anesthesia.

Allentown

501 Cetronia Road, Suite 125 Allentown, PA 18104 Fax: 833-219-0472

Anderson

1700 St. Luke's Blvd., Suite 200 Easton, PA 18045 Fax: 833-219-0473

Bethlehem

830 Ostrum Street Bethlehem, PA 18015 Fax: 833-219-0471

East Stroudsburg

3 Parkinsons Road East Stroudsburg, PA 18301 Fax: 833-219-0474

Lehighton

575 South 9th Street Lehighton, PA 18235 Fax: 833-219-0477

Orwigsburg

1165 Centre Turnpike Route 61 Orwigsburg, PA 17961 Fax: 272-639-5152

Quakertown

1534 Park Avenue Quakertown, PA 18951 Fax: 866-291-6192

Tamaqua

120 Pine Street Tamaqua, PA 18252 Fax: 833-219-6192

Warren, NJ

Bone and Joint 755 Memoriall Pkwy., Bldg. 201 Phillipsburg, NJ 08865 Fax: 833-219-0476

Phone: 484-526-7246

THESE INSTRUCTIONS HAVE BEEN REVIEWED WITH ME.		
PATIENT SIGNATURE	NURSES SIGNATURE	DATE