



**Discharge Summary**

**\*FOR IV SEDATION:**

If you have IV sedation with your procedure you may experience light-headedness, dizziness, sleepiness, blurred vision, short-term memory loss, poor judgment and unsteadiness

**DO NOT:**

- Drive / Make personal decisions that require you to sign legal documents
- drink alcoholic beverages / perform heavy lifting ; operate heavy machinery
- Stay alone for the next 24 HRS
- Take more pain medication than prescribed- resulting in a violation of your opioid agreement

**COMMON SIDE EFFECTS FROM YOUR PROCEDURE MAY INCLUDE:**

- IV sedation medication may add to the effects of other medicines such as :
  1. Anti-depressants, anti-anxiety, narcotics, anti-emetics, muscle relaxants, and anti-seizure medicine
- Temporary numbness / tingling / weakness / worsening pain
- Blood pressure problems / urinary retention / difficulty walking
- These symptoms should subside within 24-48 hours after your procedure

**DIABETIC PATIENTS:**

- You may experience increases in you blood sugars for up to 7 days after your procedure. This is expected- treat accordingly.
- Check your sugar several times a day to prevent further problems

1. You may resume your normal diet and all other medications immediately. Drink plenty of fluids.
2. You may also resume your normal activity the DAY AFTER your procedure. No specific activity restrictions are placed after your procedure unless you have specifically been advised.
3. You may begin taking ibuprofen/Motrin 800mg every 8 hrs for 5 days unless allergic or intolerant
4. Upon arrival at home, place an ice pack on procedure site for 20 minutes, then off for 1 hour. Continue for the next 5 days or as much as possible.

**Problems:**

If you have symptoms like fever, bleeding, persistent headache or continued numbness after 48 hrs please contact the physician's office at (501-404-9557) or go to the nearest emergency room.

By signing these instructions you agree and understand side effects given above and are aware of the consequences of not abiding by these recommended instructions. You have been given a copy of these instructions to take home.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Drivers Signature: \_\_\_\_\_

Your **next appointment** is on: \_\_\_\_\_ @ \_\_\_\_\_ : \_\_\_\_\_ AM / PM

**With:** Rafi / Ivanovsky / Cowan / Covey / Worku / Ramsay / Baker / Renee / Venecia / Kim / Lavertta / Nikki



# INTERVENTIONAL

SURGERY INSTITUTE

PTCOA – LR  
8907 KANIS RD  
LR, AR 72204

ISI – LR (SURGERYCENTER)  
9 FREEWAY DR  
LR, AR 72204

PTCOA –NLR  
4020 RICHARDS RD  
STE A  
NLR, AR 72117

PTCOA – CONWAY  
1111 MAIN ST  
STE 202  
CONWAY,AR 72032

PTCOA- WHITE HALL  
8608 DOLLARWAY  
STE 8  
WHITE HALL,AR 71602