

Date & Time:

## Pain Treatment Centers of America Pre-Procedure Instructions

You have been recommended for a:

|                              |          |                            |                            |
|------------------------------|----------|----------------------------|----------------------------|
| Cervical                     | Thoracic | Epidural Steroid Injection | Sacroiliac Joint Injection |
| Lumbar                       | Caudal   | Medial Branch Block        | Medical Branch Rhizotomy   |
| Right                        | Left     | Intercostal Nerve Block    | Stellate Ganglion Block    |
| Bilateral                    |          | Major Joint Injection      | Transforaminal Nerve Block |
| Spinal Cord Stimulator Trial |          | MILD Procedure             | Vertebro/Kyphoplasty       |
| Other: _____                 |          |                            |                            |

### **The instructions below MUST be followed for your safety:**

- 1) For **ALL** Procedures/Injections you must **STOP BLOOD THINNERS**:
  - a. You must stop Plavix (Clopidogrel) **7** days prior to procedure
  - b. You must stop Ticlid (Ticopidine 14 days prior to Procedure
  - c. You must stop Coumadin/Warfarin, Pletal (Cilostazol), Pradaxa, Lovenox, Aggrenox, Prasugrel (Effient), **Eliquis** or Xarelto 5 days prior to procedure
  - d. You must stop any Fish Oil Supplement 14 days prior to procedure
- 2) Do not eat 6 hours prior to procedure.
- 3) Do not drink 4 hours prior to procedure.
- 4) **DIABETICS**: Morning procedure-do not take oral diabetic medication or insulin. Afternoon procedure-may take morning oral diabetic medications or insulin with early morning meal.
- 5) If you are getting sedation, YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT that can remain throughout your stay in the center.
- 6) YOU MAY TAKE ALL OTHER MEDICATIONS (including your pain medications the morning of your procedure WITH SMALL SIPS OF WATER.
- 7) You cannot be on Antibiotics 10 days prior to the procedure.
- 8) You cannot not have had a vaccination/immunization such as Flu, Shingles, MMR for 4 weeks prior to your procedure.
- 9) If you have a fever the day of your procedure you must reschedule.
- 10) If you no show your procedure with no call you will be charged \$20.
- 11) If you no show your procedure you will not receive your medication refills until you reschedule and complete your procedure.
- 12) If you no show your procedure more than once we reserve the right to resigned from your care.

**Due to the size our waiting room, only one person is allowed to come with you to your procedure and they must be an adult to drive you home. If you are not getting sedation they must be over 12 years of age.**

**Patient Signature acknowledging understanding of instructions:** \_\_\_\_\_