

## Spine and Sports Intervention Center

NW 89<sup>th</sup> Blvd, Gainesville, FL 32606

(352) 265-5491



Please contact Shelli Hines at (352)273-7031 to schedule your injection.

What to bring with you:

For your safety and benefit, your **MRI/CT reports and films or pictures** need to be available at the time of your scheduled procedure. You are personally responsible for making sure these pictures are available for your physician. By hospital policies and standards, we are unable to perform your procedure without this very important radiographic information. If your radiographic information is not available, your procedure **will not** be performed and your appointment will be rescheduled. You are not required to bring your image with you if it was taken at Shands Hospital as we have access to it.

For your safety and benefit, you will need a companion with you after the procedure. You are not allowed to drive following the procedure.

If you are allergic to contrast dye (Omnipaque) please call the nurse at the Orthopaedics and Sports Medicine Institute at 352-273-7039 before you come to your appointment:

Medications Before the procedure

You will need to **stop taking** medications that may increase bleeding risks. This includes:

- All **aspirin seven days prior** to your scheduled procedure - Bayer, Ecotrin, Alka Seltzer, etc.
- All **anti-inflammatory medications 48 hours** prior to your procedure - Advil, Motrin, Nuprin (ibuprofen), Aleve, Naprosyn (naproxen), Relafen (nabumetone), - Voltaren (diclofenac), Lodine (etodolac), Mobic (meloxicam), Arthrotec, Toradol (ketorolac), Vicoprofen
- All supplements 48 hours prior to your procedure - *Vitamin E and Fish Oil.*

*Please note It is **okay to continue other prescribed medications** (blood pressure, insulin, water pills, depression/anxiety pill etc.) as well as other prescribed pain medications such as Neurontin, Lyrica, Celebrex, Ultram, Vicodin, Norco, acetaminophen (Tylenol), oxycodone, and morphine.*

If you take blood thinners such as **Coumadin, Plavix**, or Ticlid please contact your primary doctor to make sure that you can safely stop taking these medications.

- Coumadin -Must be off for 5 days and have INR below 1.5 on day of procedure  
(*your INR will be checked at the Spine and Sports Intervention Center on the day of your procedure*)
- Plavix –Must be off 7 days prior to the procedure
- Ticlid –Must be off 14 days prior to the procedure

If you routinely need antibiotic prophylaxis please consult your primary care physician prior to the procedure for this prescription.

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### **GENERAL INFORMATION**

Please **fill out the attached paperwork** on the **day of the procedure prior to arriving** for your injection. It is used in your direct medical care and is **required** before the injection can happen. Thank you for your understanding and compliance.

The Spine and Sports Procedure Center is located at Shands Rehabilitation Hospital at 4101 NW 89<sup>th</sup> Blvd, Gainesville, FL 32606 inside of The Health Park off of 39<sup>th</sup> Ave. See attached map for directions. If you expect any delays, need to cancel your appointment, or need directions please notify the Spine and Sports Procedure Center ahead of time at (352) 265-5491.

If you have specific questions regarding your current medications, please call the nurse at the Orthopaedics and Sports Medicine Institute at 352-273-7039.

Do not skip eating a meal before your procedure unless otherwise instructed. Eating will prevent you from feeling woozy. Please call if you have any questions.

#### **Are There Any Risks?**

As with any pill or medical intervention, there are risks associated with an interventional procedure. Risks are present regardless of the skill, care, and experience of the physician performing the procedure. In most cases these risks and hazards are minimal and serious complication are rare.

Potential risks may include, but are not limited to: vasovagal response (passing out), new or increase of pain, infection, bleeding, permanent skin changes, allergic or unexpected drug reaction with minor or major consequences, nerve injury, paralysis, dural puncture, and headache. Procedures in the neck have the added risks of seizure, stroke, and death.

There are serious potential risks to an unborn fetus from any imaging study, including x-ray and fluoroscopy. If there is **any** chance you may be **pregnant**, please postpone this procedure until it can be confirmed that you are not pregnant.

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### **What to Expect During the Procedure:**

During the procedure, positioning is important to make the injection proceed smoothly and with the least amount of discomfort for you.

First the skin is cleansed with a sterilizing solution and a sterile drape is placed over the area. A local anesthetic medication (Lidocaine) is usually given to numb the skin near the injection site. (This typically feels like a pinprick followed by brief burning, similar to a bee sting).

Next, fluoroscopy (x-ray imaging) is used for precise localization. 'Contrast dye' is then injected to confirm the correct placement of the needle. A local anesthetic for numbing and /or steroids for reducing inflammation are then injected. It is not unusual for you to feel pressure or discomfort during the actual injection of the medication.

During the entire procedure you will be constantly monitored by the physician and adjustments will be made to keep you comfortable. You may have a monitoring device attached to you. After the injection is performed a small band-aid will be placed on your skin . You will then be asked to slowly sit up and take a few moments to get your bearings.

### **What to Expect After the Procedure:**

After the procedure a staff member will escort you to the recovery area. You may experience some numbness or heaviness in your leg(s) so please walk slowly. Your vitals signs will be monitored to make sure that you are doing okay. Upon being discharged, instructions will be reviewed with you and you will be able to ask any questions you may have. You will then be able to get changed and go home with your companion. Your companion must drive you home.

For the next 48 hours you are asked to refrain from swimming, whirlpools and taking baths; showering is okay. Keep the band-aid on for one day. Please refrain from strenuous activity for the next 24 to 48 hours. (General walking is okay.) You may resume normal activities the day following your procedure. Specific physical therapy instructions will be discussed with you, but may usually be resumed within 48 hours of the procedure. Please remember it takes up to a week for the steroid medicine to reduce pain and inflammation. You should make arrangements to have a regular office visit with the doctor performing your injection or with the doctor who ordered your injection one to two weeks following your procedure. To ensure availability, we encourage you to make the appointment in advance.



**\*For each of the following questions, please circle or X the best possible answer.**

1. In general, would you say your health is:...

Excellent	Very Good	Good	Fair	Poor
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2. The following questions are about activities you might do during a typical day. Does your health now LIMIT YOU in these activities? If so, how much?

**Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf . .**      Yes, Limited A Lot      Yes, Limited A Little      No, Not Limited At All

**Climbing several flights of stairs . . . . .**      Yes, Limited A Lot      Yes, Limited A Little      No, Not Limited At All

3. During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

**ACCOMPLISH LESS then you would like..**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**Were limited in the KIND of work or other activities . . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

4. During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

**ACCOMPLISH LESS then you would like . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**Were limited in the KIND of work or other activities . . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**5. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?**

Not at all	A little bit	Moderately	Quite a bit	Extremely
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6. These questions are about how you feel and how things have been with you DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS . . .

**Have you felt calm and peaceful? . . . . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**Did you have a lot of energy? . . . . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**Have you felt downhearted and depressed? . .**      All of the Time      Most of the Time      Some of the Time      A little of the Time      None of the Time

**7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

All of the Time	Most of the Time	Some of the Time	A little of the Time	None of the Time
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**INSTRUCTIONS: Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in every day life. Please answer every section. Mark one box only in each section that most closely describes you today.**

### **Pain Intensity**

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

### **Personal Care**

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

### **Lifting**

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

### **Walking**

- Pain does not prevent me from walking any distance
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than ½ of a mile
- Pain prevents me from walking more than 100 yards
- I can only walk using a stick or crutches
- I am in bed most of the time

### **Sitting**

- I can sit in any chair for as long as I like
- I can sit in my favorite chair for as long as I like
- Pain prevents me from sitting more than 1 hour
- Pain prevents me from sitting more than ½ an hour
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

### **Standing**

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than ½ an hour
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

### **Sleeping**

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain, I have less than 6 hours of sleep
- Because of pain, I have less than 4 hours of sleep
- Because of pain, I have less than 2 hours of sleep
- Pain prevents me from sleeping at all

### **Social Life**

- My social life is normal and causes me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests, eg sports, etc.
- Pain has restricted my social life and I do not go out as often
- Pain has restricted social life to my home
- I have no social life because of pain

### **Traveling**

- I can travel anywhere without pain
- I can travel anywhere, but it gives extra pain
- Pain is bad, but I manage journeys over two hours
- Pain restricts me to journeys less than one hour
- Pain restricts me to short necessary journeys less than 30 minutes
- Pain prevents me from traveling except to receive treatment

### **Employment/Homemaking**

- My normal homemaking/job activities do not cause pain
- My normal homemaking/job activities increase my pain
- I can perform most of my homemaking/job activities, but pain prevents me from performing more physically stressful activities (eg lifting, vacuuming)
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing even light duties
- Pain prevents me from performing any job or homemaking chores