PAIN INJECTION INSTRUCTIONS

What to Expect Before, During, and After Your Procedure

BEFORE YOUR PROCEDURE

MEDICATIONS

Continue regular medications unless instructed otherwise.
Blood thinners and NSAIDs (including aspirin and ibuprofen):
Contact your surgeon's office for instructions before your procedure.
Semaglutide/injectable diabetes or weight-loss medications:
May need to be held 7 days before procedures with anesthesia.
Confirm with your surgeon's office.

EATING & DRINKING

If **receiving sedation or anesthesia**, do not eat or drink for 8 hours before your arrival time.
If **no sedation** is planned, you may eat and drink normally unless instructed otherwise.

ARRIVAL TIME

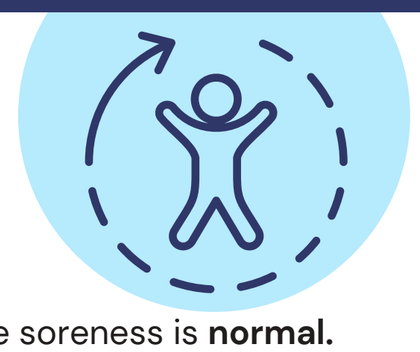
A Legent nurse will **call the day before** your procedure with your arrival time.
Your arrival time **may differ from the time provided by your physician's office** due to scheduling changes.

DURING YOUR PROCEDURE

Your provider will numb the skin with a **local anesthetic.**
X-ray guidance is used to place the needle accurately.
Most procedures take **10–20 minutes.**
You may feel:
Pressure at the injection site, mild discomfort, temporary numbness near the injection site
A dressing may include:
Tape, Gauze, Lidocaine patch, Bandage

AFTER YOUR PROCEDURE

PAIN & RECOVERY



Injection site soreness is **normal.**
Soreness may increase **24–72** hours after the procedure.
Symptoms typically improve within 1**–14 days.**
Pain Relief Tips:
Ice for 20 minutes every 2 hours during the first 72 hours
Heat may be used after 72 hours if needed
Over-the-counter pain relievers may help

ACTIVITY & DIET

Rest for the remainder of the day.
Resume normal activity the **following day** unless instructed otherwise**.**
Avoid heavy lifting, bending, or strenuous activity initially.
You may resume your **regular diet** following the procedure, but start with **light foods** to ensure you tolerate them well.
If sedation was used:
Do not drive for **24 hours**
Do not drink alcohol for **24 hours**
Do not sign legal documents or make important decisions for **24 hours**

RESUMING MEDICATIONS & WOUND CARE

Take medications as directed by your physician.
Blood thinners, aspirin, or ibuprofen may usually be resumed **the day after your procedure** unless instructed otherwise.
Avoid taking additional **acetaminophen (Tylenol)** if your pain medication already contains it, unless instructed by your physician.
Wound Care:
Bandage may be removed the afternoon of your procedure.
You may shower after 24 hours.
Do not take a bath for 3 days.

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IMPORTANT SAFETY INFORMATION

Please review the following information carefully and notify your healthcare provider if any of these situations apply.

Notify Your Physician's Office BEFORE Your Procedure If You:

- Have a **fever** or **signs of infection**
- Have **started antibiotics**
- Have taken **blood thinners** without instructions
- Are **pregnant** or **may be pregnant**
- Have taken a **weight-loss** or **diabetes injection** (such as **Ozempic®, Wegovy®, Mounjaro®**, etc.) within the **past 7 days** and will be receiving **anesthesia**

If you are unsure about a medication, please contact your surgeon's office prior to your procedure.

Contact Your Physician AFTER Your Procedure If You Experience:

Signs of Infection

- Fever over 101°F
- Chills
- Increasing redness, swelling, or drainage at the injection site

Neurological Changes

- New numbness or weakness not present before the procedure

Urinary Retention

- Inability to urinate

Adverse Reactions

- Rash or swelling
- Excessive itching
- Persistent headache
- Persistent nausea or vomiting
- Shortness of breath or painful breathing

If severe symptoms occur, call 911 or go to the nearest emergency room.

Patient Education Confirmation

I acknowledge that I have received and understand the education provided regarding my pain injection procedure, including instructions for before, during, and after the procedure, as well as symptoms that require medical attention.

I have had the opportunity to ask questions and understand when to contact my physician if concerns arise.

Patient Signature _____ Date: _____

Nurse Signature _____ Date: _____