



Interventional Pre & Post Procedure Instructions

Physician: Luke Kane, DO RMSK CAC

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- Manhattan Pain Medicine / 2 5th Ave Suite 7 | New York, New York | 10011 T: 646-580-3538

Your health is our priority. Please carefully read the instruction sheet in its entirety.

- **Transportation:** If you have opted for transportation to the facility, you will be contacted by Surgicore 1 day prior to your procedure regarding pickup time. If you have any questions about your procedure time / transportation please contact Surgicore @ 212-772-6667.
- **Sedation/block:** If you will be receiving Sedation for your procedure, do not eat 6 hours prior to procedure. You may have clear liquid up to 2 hours prior (water) but nothing by mouth after.
- **Local anesthesia:** A light snack & clear fluids are permitted 2 hours prior (water) but nothing by mouth after.
- **CONTINUE TO TAKE ALL REGULARLY SCHEDULED MEDICATIONS**
 - including blood pressure, diabetes, asthma, thyroid. EXCEPT BLOOD THINNERS.
 - Blood Thinner Protocol: obtain permission (Medical Clearance) to stop/restart from prescribing physician, may restart 6 hours after. Aspirin ASA 81 mg/325 mg: MAY continue prescribed ASA except regenerative (BMA, PRP, tenotomy).

PRE-PROCEDURE

- **Injection/Aspiration/Hydrodissection joint/nerve, Radiofrequency Ablation (RFA) nerve:**
 - You DO NOT need to stop NSAIDs (eg Advil, Motrin, Aleve, ibuprofen) or blood thinners.
- **Bone Marrow Aspirate (BMA), PRP, Tenotomy (Tenex) & RFA microtenotomy (Topaz):**
 - NSAID, anti-inflammatory & steroid; STOP at least 2 weeks prior to procedure, preferred to stop 4-6 weeks. No same joint steroid injection for at least 1 month prior.
 - STOP blood thinner #days prior: ASA-7, Pradaxa-4, Plavix-7, Coumadin-5, Xarelto/Eliquis-3.

General: Continue all other medications as directed not listed above.

- If you are pregnant or think you may be pregnant, let us know. The doctor will order a blood test prn.
- If you are diabetic, inform the doctor so arrangements can be made for diabetic medication.
- If you are prescribed an oral sedative or receiving IV sedation, arrange for someone else to drive.
- IF YOU ARE TAKING ANY ANTIBIOTICS due to an infection the procedure must be postponed until you have finished your antibiotics. If you are taking daily antibiotics, please let the physician know.

- If you have a temperature (100F or above) or have a cold, flu, or other significant changes to your health/medications, please call us before you come in for your procedure.

Day of Cancellation criteria: Pulse oximetry \leq 95% on RA or wheezing. SBP \geq 200 or DBP \geq 110.

- Fever, significant medical change, new cardiac arrhythmia not previously documented.
- Diabetic patient with blood sugar \geq 300 mg/dl after treatment.
- Positive COVID-19 or Pregnancy test result.
- Positive cocaine drug test result or Acutely intoxicated patient of any substance.
- Subject to Anesthesiologist/Surgeon, may need further medical clearance for any condition.

POST operative DISCHARGE INSTRUCTIONS:

- Keep wound clean/dry for 48 hours, no soaking. Light shower is okay 24 hours after your injection.
- Recommended, as needed, to ice injection site for ~20 minutes every 2-3 hours the first 48 hours.
- Do not operate heavy machinery or drive for recommended 48 hours, longer if anesthesia effects.
- You may experience a post-injection flare up due to your immune system being hyper-stimulated within the first 24-72 hours. This potential flare-up can lead to feeling very sore, swollen, transient low fever within hours of the procedure. Ice & pain meds as directed will reduce discomfort. Symptoms may potentially last 1-2 weeks.
- (BMA/PRP/Tenotomy only: DO NOT use medication containing ibuprofen, naproxen, mobic, aspirin, dexamethasone or other prescription ANTI-INFLAMMATORY/STEROID medicines for at least 2 weeks before or after procedure (preferred 4-6 weeks). Medication questions can be directed to our office or Pharmacist/PCP.)
- Tylenol (acetaminophen) up to 1000mg every 8 hours for pain is preferred, max 3g/day, unless contraindicated.
- Contact office & discuss with physician about alternative pain control options.
- Light daily living activity is ok, no strenuous/excessive activity. May resume pain-free HEP/PT @ 2 weeks.
- Follow up in 4 weeks to assess injection efficacy/effect or sooner if needed for questions or adverse effects.

| <u>Immediate Complications</u> | <u>What to look for</u> | <u>Call Clinic</u> | <u>Go to ER</u> |
|--|--|---------------------------|------------------------|
| • Signs of infection | Fever, Chills, Sweats, Drainage, Severe Pain/Stiffness or Redness | <input type="checkbox"/> | |
| • Blood clot/ DVT | Calf pain/swelling, Pain with Ankle Motion or Cord in Calf Feeling | <input type="checkbox"/> | |
| • Pulmonary Embolism | Shortness of Breath, Chest Pain Dizziness, | <input type="checkbox"/> | |
| <u>Late Post-op Complications</u> | | | |
| • CRPS (very rare) | Severe Pain &/or Stiffness in Operative Extremity, Significant Skin Change in color (Red/White) &/or Temperature | <input type="checkbox"/> | |

For questions call our office: (646)-580-3538

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