

DISCHARGE INSTRUCTIONS- RADIOFREQUENCY ABLATION

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Physical Medicine & Rehabilitation



Name: _____

Date: _____

- Patient is under the influence of medication for the procedure and has a driver present
- Patient does not require a driver

Interventional Spine

► What should I expect after the injection?

- You should hopefully be experiencing significant relief in pain and increased ability to function.
- Following your test blocks, you should try activities and movements that typically cause your back pain or irritation to see if this is a successful test.
- Going to the gym, weightlifting, playing sports, playing with and lifting children, running, jumping, and swimming are all safe to try. You can even attend work the same day if you did not take medication for anxiety.
- The intended length of relief is 4-6 hours post injection as this is a test procedure.
- Avoid soaking of the injection site for 24 hours after the procedure – showering is ok.

► Can I go back to work the next day?

- You may return to work the following day.
- If you have received sedation or pain medication do not drive, drink alcohol, operate machinery, sign legal documents, or make any legal decisions for 24 hours.

► When can I resume my medications?

- You can re-start all your medications immediately after the procedure is over.

► Do I have any restrictions?

- No, you do not have any restrictions.

► When is it important to contact the physician?

- If you experience a fever, chills, increasing pain, weakness or numbness, new bladder and/or bowel incontinence symptoms, an extreme headache that will not respond to medication or develop an infection at the injection site, immediately notify your physician:
Please contact **Marzena**, Dr. Best's Medical Assistant, with any questions or concerns **312-432-2458**
- AFTER 4PM ON WEEKDAYS OR ANYTIME ON WEEKENDS, CALL **312-431-3400** and ask for your physician.
- **IN AN EMERGENCY, CALL 911.**

FOLLOW UP

_____ 2-3 weeks in-person office visit OR video telemedicine visit

_____ 2-3 weeks with referring physician

_____ 1-2 days video telemedicine visit

_____ 1 month in-person office visit OR video telemedicine visit

PAIN DIARY FOR DR. BEST

Please use this sheet to document your response following your Medial Branch Blocks.

Use a percentage-based relief system where 0% indicates no relief, and 100% indicates full relief or no pain.

HOUR 1:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOUR 2:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOUR 3:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOUR 4:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOUR 5:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOUR 6:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

HOURS 8+:
PERCENT RELIEF: _____ ACTIVITIES TRIED: _____

WHEN DID YOU NOTE A RETURN OF YOUR PAIN? _____