

Allentown
501 Cetrionia Road, Suite 125
Allentown, PA 18104
Fax: 833-219-0472

Anderson
1700 St. Luke's Blvd., Suite 200
Easton, PA 18045
Fax: 833-219-0473

Bethlehem
830 Ostrum Street
Bethlehem, PA 18015
Fax: 833-219-0471

East Stroudsburg
3 Parkinsons Road
East Stroudsburg, PA 18301
Fax: 833-219-0474

Lehighton
575 South 9th Street
Lehighton, PA 18235
Fax: 833-219-0477

Orwigsburg
1165 Centre Turnpike Route 61
Orwigsburg, PA 17961
Fax: 272-639-5152

Quakertown
1534 Park Avenue
Quakertown, PA 18951
Fax: 866-291-6192

Tamaqua
120 Pine Street
Tamaqua, PA 18252
Fax: 833-219-6192

Warren, NJ
Bone and Joint
755 Memoriall Pkwy., Bldg. 201
Phillipsburg, NJ 08865
Fax: 833-219-0476

Phone: 484-526-7246

EPIDURAL STEROID INJECTION DISCHARGE INSTRUCTIONS

ACTIVITY

- Do not drive or operate machinery today.
- No strenuous activity today – bending, lifting, etc.
- You may resume normal activities starting tomorrow – start slowly and as tolerated.
- You may shower today, but no tub baths or hot tubs.
- You may have numbness for several hours from the local anesthetic. Please use caution and common sense, especially with weight-bearing activities.

CARE OF THE INJECTION SITE

- If you have soreness or pain, apply ice to the area today (20 minutes on/20 minutes off).
- Starting tomorrow, you may use warm, moist heat or ice if needed.
- You may have an increase or change in your discomfort for 36-48 hours after your treatment. Apply ice and continue with any pain medication you have been prescribed.
- Notify the Spine and Pain Center if you have any of the following: redness, drainage, swelling, headache, stiff neck or fever above 100F degrees.

SPECIAL INSTRUCTIONS

- Our office will contact you in approximately 7 days for a progress report.

MEDICATIONS

- Continue to take all routine medications.
- Our office may have instructed you to hold some medications.
- You may resume

If you have a problem specifically related to your procedure, please call our office at 484-526-7246. Problems not related to your procedure should be directed to your primary care physician.

THESE INSTRUCTIONS HAVE BEEN REVIEWED WITH ME.

PATIENT SIGNATURE

NURSES SIGNATURE

DATE