



Patient Care Procedure Information

A procedure has been selected as an option for you to help manage your pain and concerns. With regional treatments, whether surgery or interventions like injections or radiofrequency, precautions must be taken to allow for the best possible outcome. Please follow the guidelines below to ensure a smooth procedure day experience.

Overarching Recommendations

- Please wear loose fitting clothes to facilitate accessing the target injection site. If necessary, a gown and/or paper shorts are available for use
- It is recommended to have a driver if you can (**mandatory if you are undergoing a procedure with oral sedation such as Valium, Ativan etc.**)
- However, for simple interventions (injections/radiofrequency ablation without Valium), you **MAY** drive yourself if you are unable to have a driver accompany you
- **DO NOT** eat heavy, fatty meals or drink non-clear liquids within 2 hours of your procedure time. This will help reduce your risk of aspiration since majority of the procedures require you to be laying on your stomach
 - You **MAY** drink water or clear liquids (apple juice, coffee without creamer/milk) all the way up to the procedure time
- You may take medications for the following conditions on the day of your procedure with a sip of water:
 - Antidepressants, anti-anxiety, asthma, auto-immune conditions, blood pressure, cholesterol, heartburn/acid reflux, seizure and thyroid medications, vitamins. **All anticoagulants/antiplatelets will need to be held (if you were asked to) with MD clearance**
- If you take insulin, continue taking your normal scheduled dose and let our staff know upon check in that you are diabetic. **Your glucose must be less than 250 mg/dL on the day of injection appointment to proceed with the procedure**
- **If you are taking an ANTIBIOTIC, please inform prior to scheduling injection**
- If you have had any imaging (MRI/CT/X ray) performed outside of OrthoIllinois, please bring copies with you. We will have the images uploaded to our system. **If you had imaging ordered at a previous visit, we will discuss the results at your NEXT follow up visit in the office**

Aftercare Instructions

After your procedure, you may have specific instructions on what to do or not to do. These will be provided on the day of the procedure. Please ask your provider if you have any questions.

Avoidance of Blood Thinning Medications (Anticoagulants/Antiplatelets)

- Sometimes it is necessary to stop certain medications that may interfere with your blood's ability to clot to reduce the likelihood of bleeding complications with your procedure.
- These are oftentimes procedures on the spine (cervical, thoracic, and lumbar)
- These medications are listed in the table below along with the recommended amount of time to hold the medication if required
- Based on the procedure, your medications may need to be restarted at different times. Your provider will describe when to restart your medication
- Please alert your provider if you are on any of these medications and stop the medication appropriate based on your scheduled procedure
 - If a medication needs to be held, we will send a clearance letter to your prescribing provider to obtain clearance and ensure it is safe for you to hold the medication
 - Please contact the prescribing provider's office to assist in getting the clearance back to our office. Without a clearance on file, there may be a delay in scheduling the injection

Diabetes

- Many interventional pain procedures consist of steroids in the injection which can cause your blood glucose to elevate for a few days after the procedure. It should typically normalize after 3-4 days
- We will send a clearance letter to your managing provider to inform them of the upcoming procedure. We will encourage their office to reach out to you to discuss a plan in case you have significant elevation in glucose, so you know how to manage it post procedure
 - Please contact the managing provider's office to discuss how to treat the possible elevation in glucose if it occurs

Verification of Benefits & Cost of Procedure

To the best of our knowledge, this procedure is being submitted under an **approved** diagnosis code as determined by your insurance provider. To the best of our knowledge, all appropriate work up necessary to meet the coverage guidelines for the procedure (conservative management including appropriate amount of therapy, imaging studies, medication management options, interventional pain procedures etc.) have been pursued by our office or under the direction of previous treatment providers (primary care physician, emergency room physician, specialists etc.) Our office staff will forward all relevant paperwork, office notes, imaging studies and/or telephone encounters to your insurance company as needed.

Our office staff will work to gain prior authorization, pre-determination and/or perform Verification of Benefits/Eligibility as necessary prior to the procedure. If we do not have approval from the insurance company, your procedure may be rescheduled.

Please note, obtaining the above authorization prior to the procedure DOES NOT guarantee that the insurance company will pay for the procedure.

You WILL BE responsible for co-pay, co-insurance, outstanding amount until your yearly deductible is met (per your insurance plan) and any outstanding balance not covered by primary and secondary insurance for the procedure. You may contact your insurance company for further verification of benefits or additional questions you may have.

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

Medication	When to Discontinue
Diclofenac	1 day
Ketorolac (Toradol)	1 day
Ibuprofen (Advil/Motrin)	1 day
Etodolac	2 days
Indomethacin (Indocin)	2 days
Naproxen (Aleve)	4 days
Meloxicam (Mobic)	4 days
Nabumetone	6 days
Oxaprozin/Piroxicam	10 days

You DO have to hold the above medications for the following procedures:

- Spinal cord stimulator trial/implant
- Peripheral nerve stimulator trial/implant

You DO NOT have to hold these medications for the following procedures:

- Epidural (cervical, thoracic, lumbar, caudal)
- Medial Branch Block (cervical, thoracic, lumbar)
- Radiofrequency Ablation (cervical, thoracic, lumbar, genicular knee)
- Sacroiliac joint injection
- Joint injections (shoulder, hip, knee)
- Trigger point injections
- Sympathetic Block
- Botox injections

ANTICOAGULANTS (AC) / ANTI-PLATELETS (AP)

Medication	When to Discontinue
Aspirin 325 mg (AP)	Primary prophylaxis: 6 days. Secondary prophylaxis: 4 days.
Aspirin 81 mg (AP)	DO NOT HOLD
Cilostazol (Pletal) (AP)	2 days
Dipyridamole (Aggrenox) (AP)	6 days
Clopidogrel (Plavix) (AP)	7 days, cannot stop if stent placed within last 6 months
Prasugrel (Effient) (AP)	7 days
Ticagrelor (Brilinta) (AP)	5 days
Coumadin (Warfarin) (AC)	5 days and normalized INR (< or = 1.2) on day of procedure
Subcutaneous Heparin (AC)	8-10 hours after last dose (Avoid procedures in patients on TID dosing)
LMWH (Lovenox) (AC)	12 hours for prophylactic dose, 24 hours for therapeutic dose (> 1 mg/kg)
Fondaparinux (Arixtra) (AC)	4 days
Rivaroxaban (Xarelto) and Apixaban (Eliquis) (AC)	3 days
Dabigatran (Pradaxa) (AC)	4 days, 6 days in patients with ESRD
Abciximab (Reopro) (AC)	2 days low risk procedures (Category 1), 5 days medium/high risk procedure (Category 2 and 3)
Eptifibatide (Integrilin) and Tirofiban (Aggrastat) (AP)	24 hours
Herbal Agents (Ginseng, Garlic, Ginko, Danshen, Dong Quai) (AP)	7 days
Fibrinolytic/Thrombolytic Agents	48 hours

You DO have to hold the above medications for the following procedures:

- Spinal cord stimulator trial
- Epidural (cervical, thoracic, lumbar, caudal)
- Medial Branch Block (cervical, thoracic, lumbar)
- Radiofrequency Ablation (cervical, thoracic, lumbar, genicular knee)
- Peripheral nerve stimulator trial/implant
- Sympathetic Block

You DO NOT have to hold these medications for the following procedures:

- Sacroiliac joint injection
- Joint injections (shoulder, hip, knee)
- Trigger point injections
- Botox injection