# **OUTPATIENT PROCEDURE GUIDELINES**

Your safety is the most critical part of your healthcare, and these instructions exist to keep you safe.

If you cannot abide by these guidelines, please notify our office immediately.

\*\*\*Failure to follow these instructions may result in cancellation of your procedure\*\*\*

## IF YOU ARE PLANNING ON GETTING A COVID-19 VACCINE / BOOSTER:

- Do NOT schedule a STEROID injection within 2 weeks BEFORE a COVID vaccine is administered.
- Do NOT schedule a STEROID injection within 1 week AFTER a COVID vaccine has been administered.
- Confirm when scheduling and with your provider at the time of the procedure whether steroids are necessary. Many of our procedures do not involve steroids and don't affect the vaccine.

#### PRE-PROCEDURE INSTRUCTIONS:

- Do not eat anything for at least 8 hours prior to the procedure. You may have water or black coffee (no cream/milk) up to 2 hours prior to the procedure. You may take normal morning medications with small sips of water. Medication restrictions are described below and are critical to follow for your safety.
- Arrive at the time instructed by the facility. If you are late, your procedure may be rescheduled.
- You MUST have a driver if you receive any form of sedation. This cannot be public transportation (taxi or bus).
- Discontinue all of the following medications for the specified amount of time prior to the procedure, unless specifically directed by your DPC provider. You MUST verify with your primary care provider or prescribing specialist that it is acceptable to stop these medications as instructed. Please inform your DPC provider if you are not able to stop the medications as directed below. These medications alter the way the body controls bleeding, and various types of injections maybe significantly more dangerous if these medications are not held accordingly. If you are having a trigger point injection, joint injection, or lumbar (lower back or SI joint) procedure, please discuss what medications you should hold. For all other procedures, please follow these guidelines.
  - o Coumadin (Warfarin) should be stopped for 5 days prior to the procedure, and an INR must be performed 1 day prior to the procedure (INR value must be 1.2 OR LESS)
    - If your prescribing physician is having you bridge with **Lovenox**, you must hold your Lovenox 24 hours prior to your procedure.
  - O Clopidogrel (Plavix), Pletal (Cilostazol), Prasugrel (Effient), Ticagrelor (Brilinta), Aggrenox, and ALL products containing Aspirin should all be stopped for <u>7 (seven) days</u> prior to the procedure.
  - o Apixaban (Eliquis) and ReoPro (Abciximab): Stop for 5 (five) days prior to the procedure.
  - o Ticlid (Ticlopidine): Stop for 14 (fourteen) days prior to the procedure.
  - O Dabigatran (Pradaxa) and Fondaparinux (Arixtra): Stop for 4 days
  - o Rivaroxaban (Xarelto): Stop for 3 (three) days prior to the procedure.
  - o Lovenox: Stop for 24 hours prior to the procedure.
  - o Heparin, Eptifibatide (Integrelin), and Tirofiban (Aggrastat): Stop for 12 hours prior to the procedure.
  - o Mobic, Meloxicam, Etodolac, Lodine, Ibuprofen, Advil, Motrin, Aleve, Naproxen, Sulindac, Voltaren, Curcumin, and any other NSAIDS: Stop for <u>5 (five) days</u> prior to the procedure.
  - Fish Oil, Vitamin E, Ginseng, Ginkgo Biloba: Stop for 5 (five) days prior to the procedure.
  - o If you are taking any "Blood Thinners" that aren't on this list, or you have any questions, please call our office at 512-981-7246. We are here to help.

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- If you have Diabetes, a general guideline is that you should eat a light meal 8 hours prior to the procedure and take <a href="https://half.com/h
- Other than the above restrictions, you should take your regular medications on the day of your procedure with a small sip of water. It IS ok to take Tylenol (acetaminophen) and your regular medications as long as they don't contain the drugs listed above.
- All female patients must be aware that procedures are performed using X-rays. If you are pregnant or think you might be, please inform your DPC provider beforehand so that appropriate measures may be taken.
- Wear comfortable clothing, bring your glasses, and please leave all valuables and jewelry at home.
- If you are on antibiotics, have an infection, and/or have a fever greater than 100.4 Fahrenheit, please call our office to reschedule your procedure.
- Please bring your Driver's License / ID card PLUS your insurance card to the procedure.

### **THE PROCEDURE PROCESS:**

Once you are checked in, you will change into a gown. Your doctor <u>may</u> offer sedation, depending on the type of procedure you are having. Depending on the type of procedure and/or sedation, an intravenous (IV) infusion maybe started. Your family may wait for you in the waiting room. Your vital signs will be monitored during the procedure. Most procedures take between 5-30 minutes. After the procedure is complete, you will be taken to the recovery room and continue to be monitored (usually for 15-30 minutes). Expect the entire process, from check-in to check-out, to take approximately 1.5-2.5 hours.

#### **AFTER DISCHARGE:**

- o The nursing staff will instruct you as to when to follow-up with your DPC provider. We ask that you please call our office within 2 days of your procedure to schedule this follow-up appointment.
- o The nursing staff will go over the side effects that you may experience after your procedure.
- Unless you had an implant such as a spinal cord stimulator trial, you may resume your normal medications the evening of the procedure.
- o You may experience increased soreness for a few days after your procedure.
- O You may experience immediate pain relief after the procedure, but it usually takes several days.
- Limit your activities to what you would normally do for the first 24 hours after the injection, as the initial
  pain relief may only be secondary to numbing medicine. Do not over-exert yourself because you "don't
  hurt" during this time.
- o If you have any questions or concerns, please contact our office at 512-981-7246.

I have read the above requirements and will comply with each of them as instructed. I have been given a copy of these instructions. I understand that failure to abide by the above instructions may result in cancellation or rescheduling of my procedure.

Name	_Date
Signature	