

Performance Spine & Sports Specialists, PA

NAME: _____ DOB: _____ FOLLOW UP: _____

DISCHARGE INSTRUCTIONS FOR SPINAL CORD STIMULATOR TRIAL

In order to continue your care at home, please follow the following instructions.

1. Activity Level

Do not drive or operate machinery the day of the procedure.
Restrict your activities to rest for the remainder of the day.
Walk with assistance today if legs feel weak or numb.

2. Medications

Use medicine as previously ordered *AND/OR*
New medication orders:

3. Injection Site

There is a special dressing over your procedure site. **DO NOT REMOVE** this dressing unless there is excessive drainage. Notify Medtronic representative prior to removing the dressing.
You may use ice packs over your procedure site for 20 minutes on, 20 minutes off, while awake for comfort **ONLY if there is a consistent dry barrier between the ice pack(s) and procedure dressing site.**
NO HEAT until seen in follow-up.

4. Special Instructions

Take your Keflex or Cleocin until it is completed (7 days).
DO NOT BATH OR SHOWER FOR SEVEN DAYS.
YOUR PROCEDURE SITE MUST STAY DRY AT ALL TIMES.

5. Follow-Up Care

Call the office if you have any questions or problems during the trial @ 336-349-5050, extension 03 Karanja. Keep your Medtronic representative information handy. You will be seen in the office in 7 days after your trial in order to remove the stimulator lead(s) from your back.

6. Specific Complications to watch for:

Fever above 101
An increase in pain for more than several days that is not
Relieved by pain medication prescribed
Bleeding which soaks through dressing or develops at injection site
Excessive swelling, redness, or warmth around injection site
Progressive or worsening arm / leg weakness
Rash, Hives, Itchiness; Shortness of Breath, Difficulty Swallowing

If any of these complications occur, contact our office at 336-349-5050 OR report to the emergency department. "Troubleshooting" stimulator device problems should be directed to your Medtronic representative.

Instructions given by: _____ Date: ____/____/____

I have read and understand the above discharge instructions:

Patients Signature

Family / Significant Other assume responsibility for the patient upon discharge.