

Pain Specialty Consultants,P.A.

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Patient Guidelines for Procedures at Surgery Center/ Hospitals

Your safety and well-being is our utmost priority. To ensure this please read this carefully and follow these instructions. Any deviation from these may result in cancellation of your procedure and inconvenience to all. Please inform us at least 48 hours in advance if you are unable to keep your appointment.

Before the Procedure: You are responsible for the following:

1. Most places require that you arrive at least 1 hour before the time of the procedure.
2. Illnesses: If you have a **fever** or are developing any symptoms of illness like sore throat, cough, sputum, nausea, vomiting, diarrhea, headaches, and urinary tract infection please call and reschedule your appointment. No procedure will be done under these circumstances.
3. Injuries: Please let us know of any new injury that you have not informed the physician.
4. **Transportation:** You should have a drive back home. No exceptions will be made to this rule.
5. Diet: Please do not eat or drink at least 8 hours before the procedure. You may take some of your prescribed medications with sips of water. *You should continue to take your heart pills, blood pressure pills with sips of water*
6. Medications: a) Please check with your family physician and make sure that you are permitted to stop **Aspirin, Coumadin, Persantin and Plavix** at least 7 days before the procedure. Discontinue all anti-inflammatory agents (example— **Lodine, Advil, Naprosyn, Motrin, Relafen, Celebrex, Arthrotec, Mobic**, for at least for 5 days before the procedure. b) Please check with your family physician and stop **Glucophage** at least 24 hours before the procedure. You should not resume this for the next 48 hours. If you are on some other medication for your Diabetes please check with us as to when to take it. Also if you are on insulin please check with us. d)Please stop *herbal supplements* and *Vitamins* about 7 days prior to the procedure e) Please check with the physician if you have any doubt about any medication. f) You may continue to take plain Tylenol if needed.
7. Please inform the physician if a) you are **pregnant** b) **allergic to Iodine** or sea food c) If you or anyone in the family has had a problem with any anesthetic including local anesthetics like **Novacaine** d) if you are allergic to **latex or tape**. e) If you or any family member has any **bleeding problems**.
8. Please read the consent carefully and sign it. Make sure to understand the discharge instructions before the procedure.
9. Please wear light and inexpensive clothing for the procedure. Your clothes may get stained. Please do not bring any valuables to the office. We cannot assume any responsibility of this nature.
10. The following may be expected on the day of the procedure a) IV in the hand for possible medication injection. b) You may be hooked up to monitors to check heart rate, blood pressure, respirations, Oxygen saturation c) Use of X-rays to optimize medication delivery to the target site. d) Monitoring in the recovery room to make sure that it is safe for you to go home.