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Pre-Procedural Instructions

Food & Drink

We encourage you to eat normally and stay hydrated prior to visits and procedures. Patients tend to feel better when they have had something to eat prior to a procedure.

NPO

For kyphoplasty we use sedation and require you to have no food by mouth for 6-8 hours prior to the procedure. You may drink clear liquids until two hours prior to the procedure, and take any of your normally scheduled medications at that time.

Diabetics

For diabetics having kyphoplasty who will be NPO, we recommend you do not take short-acting insulin products until you can have a meal, which would be after your procedure is completed. If there are any questions about this, please ask, or consult your primary care provider.

Transportation

For routine procedures most patients can drive after a 20 minute wait in the office. Provided you feel well, are not dizzy, have good balance, and have no lower extremity numbness or weakness, you should be safe to drive. Always use good judgment. If you feel unsafe, let us know and we can help you arrange a driver.

If this is your first time having a procedure, it is wise to bring a driver.

For kyphoplasty, or any time we are administering sedation, whether oral (Valium prior to the procedure) or IV, we require you bring a driver.

Blood Thinners

Blood thinners require special attention at our clinic.

Typical blood thinners include: Coumadin, Plavix, Lovenox, Eliquis, Pradaxa, Brilinta, Aggrenox, Xarelto, Ticlid, Pletal, Cilostazol.

Aspirin and NSAIDs will affect blood clotting, but do not need to be stopped prior to our procedures.

We will repeatedly ask about this, but PLEASE make us aware of your blood thinner use at EVERY VISIT. Many of our procedures can be performed safely without stopping blood thinners, however there are some that can not be.

Examples of procedures that can NOT be performed while you are on a blood thinner include:

- Kyphoplasty
- Epidural steroid injections (except caudal epidurals)
- Sympathetic blocks
- Spinal cord stimulator trials

If you will be having one of these procedures, please let us know who is prescribing your blood thinner. We will complete an APPROVAL TO HOLD form and send it to the prescriber. The purpose of this form is to ensure that proper communication with your prescriber takes place prior to holding a blood thinner.

Pregnancy

If you are a woman of child bearing age and you believe there is any chance you might be pregnant, you MUST let Dr. Littlejohn know. Further steps will be discussed if warranted. Under no circumstances should you undergo any x-ray or fluoroscopic imaging at our clinic if you are indeed pregnant.

Clothing & Bathing

Please arrive clean and bathed/showered prior to visits to our clinic. Procedural work involving skin puncture will be safer if you have bathed recently. Please wear clean, loose-fitting clothes. If you are having work done for your neck, shoulders, or upper back, please wear a tank-top to make access to these sites easier. For women having low back procedures, skirts will require more attention to draping than pants or shorts, so please avoid wearing a skirt.

Post-Procedural Instructions

Resuming Activities

You may resume normal activities as tolerated following most procedures. Use your best judgment. Rest may be best.

Transportation/Driving/Heavy Equipment/Power Tools

Patients new to procedures at our clinic should bring a driver the day of the procedure. Any procedure involving sedation, oral or IV, will require a driver.

Patients who are familiar with our procedures and feel comfortable driving can do so if they feel well and can walk normally with good balance and coordination, and no lower extremity numbness or weakness after a 20 minute recovery. We can not take responsibility for accidents or injuries once you leave the clinic, so we ask that you use your best judgment. If you do not feel well enough to leave and/or drive home, you **MUST** make us aware so we can help you arrange a driver.

Use good judgment before using heavy machinery, industrial equipment, power tools, or any equipment that requires your full concentration and coordination.

Site Care

Injections & Radiofrequency

Please keep all procedure sites clean and dry for 24-hours. Showering is okay. Certainly avoid prolonged water immersion- so no baths, hot tubs, pools, lakes, ocean, etc for 24 hours. Band-aids are usually not needed after 24 hours.

Kyphoplasty

Kyphoplasty incisions are small and closed with little strips of tape called "steri-strips". Usually we put a transparent dressing on top. Leave these in place for about a week. Keep the sites as dry as you can. If the dressings fall off, you can apply band-aids. After a week dressings probably won't be needed provided the sites are healing well. If you have bleeding under the dressings such that it's leaking, it's best not to disturb the dressings more than needed. Try applying pressure for 5-10 minutes after cleaning off the blood. If the sites continue to bleed, contact us for advice.

Spinal Cord Stimulators

Trial leads are taped to the skin in such a way as to minimize movement of the lead, but also be as comfortable as possible for you. There is no danger if the lead pulls out a few centimeters, other than loss of effectiveness. If the dressings come undone but the lead is still in place, ordinary medical tape can be used to secure the lead. The most important thing to remember is that the skin puncture site must be kept covered, dry, and clean. The same goes after the lead is removed. Keep the site clean and dry for at least two days until the site has started to heal.

Normal Post-Procedure Sensations

Some **numbness or prickliness** at the procedure site is normal for up to 36 hours. For most, the anesthetics will wear off within 6-8 hours.

Soreness at the procedure site is normal, and may start right away, or happen in a delayed fashion starting 2-3 days after the procedure. This ordinarily dissipates by 5-7 days.

Bruising at the procedure site is normal and may last a few weeks.

Occasionally patients will report painful **muscle spasms** in the region treated for several days after procedures. For example, a patient having a low-back epidural injection might report moderate-severe "pain up and down the back". This is not cause for alarm, and should be treated with rest, heat, and your usual over-the-counter analgesics.

RF Ablation

In addition to the above, patients having RF procedures may have a **sunburn like sensation** in the skin overlying the procedure site. This typically lasts 7-10 days before resolving, but in rare cases may persist for weeks to months.

A **weak leg** on the side of a lower back RF can be normal for a few days. This is from the procedural anesthetic used to numb the site of the RF. This anesthetic can spread to the nerves that control your legs and cause some mild weakness.

Epidural Injections

Patients may rarely have an **injection-related headache** similar to a lumbar puncture. Typically this headache will improve if you lie down. Let us know if you have a headache like this. Stay well hydrated and use OTC analgesics as needed. It should pass in a few days. Headaches that are particularly severe can be treated at the clinic.

Diabetics and Blood Sugar

Diabetics receiving injections with steroid may notice a rise in blood sugars peaking about 48 hours after injection. Contact your PCP to discuss adjustments in your medication regimen.

When to Expect Pain Relief

Epidural Injections: 3 days - 2 weeks

Soft tissue injections (trigger points, prolo, fascia/tendon injections, nerve blocks, bursa injections): 5-10 days

Joint Injections: 3-7 days

RF procedures: 3 days - 3 weeks

Kyphoplasty: 3 days - 4 weeks

Regenerative procedures: 8-12 weeks

Concerning Symptoms

True urgent or emergent complications of our procedures are very rare, but it's a good idea to be aware of the signs and symptoms.

New onset, severe pain at the site of an injection is not normal, and you should call us. It's not necessarily an emergency, but we still want to investigate and treat it.

Patients having had kyphoplasty with a drastic increase in pain may have a new fracture, and that needs to be investigated.

Patients with **fever and chills** most likely do not have a procedure-related infection, but this is still something to let us know about. A fever starting a week or more after a procedure with worsening pain, particularly in a diabetic, is something we would investigate with labs and new imaging. If you can not get in touch with us, please visit urgent care or the emergency department at your local hospital to be evaluated.

Patients with **new-onset rapidly progressive severe weakness in the legs, inability to urinate, or inability to control stool, and/or persistent numbness in the saddle area** may have spinal cord compression which constitutes a **medical emergency**. The most likely causes for these symptoms in our patients, particularly if they were able to ambulate normally after the procedure in our clinic, would include a rapidly expanding blood clot in spine, a new and severe disc herniation, or instability in the spine. Let us know what's going on, but do not delay getting to a hospital emergency room for evaluation. Call 911 and have an ambulance transport you if necessary, but do not delay treatment.