



Office Hours 6:30 AM to 4:30 PM Weekdays
Phone: 651-351-2641
TCOmn.com

Basivertebral Nerve Ablation Discharge Instructions

Follow up:

_____ Please schedule a follow-up appointment with your Surgeon’s office in _____ weeks.

Adam Michalik, DO 952-456-7777 Daytime Hours

_____ A follow up appointment is not required at this time. Please contact your Surgeon's office at the number above if you experience complications at home after this procedure.

Adam Michalik, DO 651-439-8807 Evening/Weekend Hours

If you have questions after reading this information, call the health care provider who ordered your injections.

PROCEDURAL INCISION CARE

Please keep incision site dry for 48 hours. Protect from direct water spray. No baths or soaking in hot tubs for one week. After 48 hours you may shower; let the soap & water run over the incision and pat dry. Do not put any ointment, lotion, or oils on incisions; keep sites clean & dry.

- a. The incision used was small and did not require stitches. Typically, the incisions are covered with dermabond (surgical glue) unless you have an allergy (see below).
- b. If you have an allergy to dermabond, you will have an outer dressing, this may be removed after 2 days from your procedure. Do NOT remove the steri-strips, they will fall off when the incision is healed (typically 2 weeks after the procedure). You may place band-aids over the incision areas and steri-strips if you wish.
- c. Watch for signs & symptoms of infection: redness surrounding the incision that spreads, increased swelling, increased warmth, increased pain, drainage, or odor, and temperature over 100.4 degrees Fahrenheit. Report any of these symptoms immediately by contacting 651.351.2641. For Emergent/Urgent after clinic hours or on weekends, please call 651.439.8807.

PAIN MANAGEMENT

- a. It is normal to have varying levels of pain after the procedure. Back pain & muscle spasms are expected. You will have been given a prescription for pain medication. You may not feel you need to take this medication, as the pain from the procedure can typically be controlled with ibuprofen or acetaminophen (Tylenol). If you have not had a decrease in pain level with taking ibuprofen or Tylenol, then you can use the medication provided as directed on the prescription. Within the first 2-3 days your pain should decrease to where you will no longer need this medication. Take opioid pain medication only if needed. For less severe pain, you may break your pills in half or utilize ibuprofen or acetaminophen (Tylenol).

- b. It is illegal in the State of Minnesota to drive a car or operate machinery while taking an opioid pain medication, such as the one you have been prescribed. Taking this medication in a manner that is different from the prescription instructions can lead to opioid overdose and serious medical complications or death. After discontinuing the medication, it is not unusual to have symptoms of opioid withdrawal such as irritability, nausea, and/or trouble sleeping.
- c. Common side effects of opioid pain medications include:
 - o Constipation: take stool softeners, drink more fluids, walk more.
 - o Nausea: decrease opioid pain medications, and take medication with food.
 - o Loss of appetite, this will improve over time, and after you stop taking opioid pain medications.
 - o Sleepiness: this will improve after you stop taking opioid pain medications. If your pain continues to increase with rest, ice, and medication, please call 651.351.2641 or For Emergent/Urgent after clinic hours or on weekends, please call 651.439.8807.
- d. Muscle spasms can be a response to procedure and subsequent inflammation. Pain medication may or may not help these spasms. Muscle spasms should gradually decrease after you are discharged from the hospital. You will have been given a prescription for a muscle relaxer to be used as needed.
- e. Do NOT apply heat anywhere close to the incision. Ice may be applied to help reduce swelling but be sure to place a towel or something similar in between the ice and the incision in order to protect you skin and incision. Ice can burn if placed directly onto the skin. Use the ice for no more than 20-minute intervals.

ACTIVITY

- a. For the most part, let discomfort be your guide to activity level. In the first 5-7 days, you may have increased pain and soreness from the procedure. You may perform light activity, such as walking and standing, but should avoid any lifting of more than 25 lbs and moderate or strenuous exercises for the first 2 weeks. Avoid twisting, bending, pushing, pulling, or any straining movements. Avoid prolonged sitting or standing. After 2 weeks, you may slowly return to normal activities including bending, lifting, exercise.
- b. Discomfort is normal as you gradually return to normal activity, but pain is a signal to stop what you are doing or proceed more slowly.
- c. You should NEVER drive while taking opioid pain medications.

RETURN TO WORK

In most cases you will be off work for 3-7 days. It may be helpful to return to work part-time for your 1st and/or 2nd week back. Please discuss this with your physician as well as your employer.

OTHER MEDICAL PROBLEMS

If you experience significant weakness or numbness in your legs, lightheadedness, chest pain, shortness of breath, difficulty breathing, abdominal pain, persistent vomiting, fevers, or procedure/incision site redness/drainage etc. PLEASE CALL 651-351-2641 during daytime hours or for Emergent/Urgent after clinic hours or on weekends, please call 651-439-8807 or go to the Emergency Department.

All instructions are to be adhered to until your follow-up visit, which is 4-6 weeks after the procedure.