



Thank you for choosing Hacienda Surgery Center! Our mission is one we are proud of and stand behind:

"We care for every patient and their family as if they were our own. Each patient, each family, each and every time."

We understand that the prospect of a surgical procedure can be unnerving for some. At the very least, it may be an unwelcome but necessary intrusion into your life. For your safety and comfort, we want to assure you that all of our highly trained physicians and staff are fully committed to our mission. When you arrive at our facility, we are here to take excellent care of you or your loved one, from start to finish.

Over the years, we have found our mission to be a guiding light and a filter that steers our policies and procedures in the right direction. The mission brings clarity to our Culture of Safety. Just as we would want our mother, father, son, or daughter to be in the best of hands, we want the same for you. This is the heartbeat of our surgery center.

It is our pleasure and honor to care for you and your family. Please let us know if there is anything I can do to serve you!

Warm Regards,

*Speedy Recovery!*  
*!)*  
*John W*  
*Recovery Room*

*Take care! :)*  
*- Kenya*  
*(Phr-OPR)*

**General instructions:**

- Do not shower until the next morning after the procedure.
- Do not submerge yourself underwater like in a bath tub or pool for 48 hours after the procedure.
- Do not resume anti-coagulants (blood thinning medications) until 24 hours after the procedure.
- Continue all other medications as prescribed by your doctors without delay.
- Rest on the day of the procedure and resume normal activities as tolerated on the day after the procedure. If you are seeing a physical therapist, you may resume sessions 48 hours after your procedure.
- If you had STEROIDS injected during your procedure you may experience side effects such as flushing of the skin, night time sweating, fluid retention, spasms in the extremities, mood changes, insomnia, headache, elevated heart rate, elevated blood pressure (especially if you have hypertension), and elevated blood sugar if you have diabetes. These side effects usually subside over the first 1-2 weeks after the procedure.
- Follow up in Dr. Liu's office usually around 2 weeks after your procedure. The appointment is usually made at the time of the procedure appointment. If you do not have a follow-up appointment please call Dr. Liu's office and ask to make a post-procedure appointment.
- If you develop very rare symptoms including fevers, chills, persistent numbness and tingling longer than 12-24 hours, NEW severe pain, call Dr. Liu's office.

**Specific instructions for specific procedures:**

☐ **Cervical epidural steroid injections:**

If you develop a significant headache that is present during upright positions and resolves or partially subsides while lying flat, you should try to drink plenty of fluids including beverages with caffeine and call Dr. Liu's office.

☐ **Lumbar epidural steroid injections:**

Limit standing and walking on the day of injection as you may experience numbness and weakness in your lower extremities for up to 12 hours after the procedure. If you develop a significant headache that is present during upright positions and resolves or partially subsides while lying flat, you should try to drink plenty of fluids including beverages with caffeine and call Dr. Liu's office.

☐ **Lumbar medial branch blocks:**

Keep track of your pain via the provided written pain diary hourly for 12 hours after the procedure as instructed by Dr. Liu. Bring the pain diary to your follow-up appointment in Dr. Liu's office for review.

☐ **Radiofrequency ablations:**

You may experience some increased pain for a few days after the procedure. Some people may develop skin irritation around the needle entry points which may take a few weeks to subside and resolve.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

I have read or have had read to me these discharge instructions. I understand these instructions and will follow-up with my physician / care provider team if I have any questions.

\_\_\_\_\_  
Patient's Signature (or responsible person)      Date

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

