

PRE-PROCEDURE PATIENT INSTRUCTIONS FOR PAIN MANAGEMENT

(The procedure is done at **one of our offices**)

- If you are taking “blood thinning” medications, we must have a letter from the prescribing physician giving permission for you to stop the medication for the appropriate time period. Do not stop your medication until you have discussed this with your prescribing doctor and have written permission.

Injectable Medications:

- Aggrastat (tirofiban) Stop **8 HOURS prior** to procedure
- Angiomax (bivalirudin) Stop **14 days prior** to the procedure
- Arixtra (fondaparinux) Stop **7 days prior** to procedure
- Heparin Stop **24 hours prior** to procedure
- Integrilin (eptifibatide) Stop **8 HOURS prior** to procedure
- Iprivask (desirudin) Stop **14 days prior** to procedure
- Lovenox Stop **24 hours prior** to procedure
- Novastan (argatroban) Stop **14 days prior** to procedure
- Orgaran (danaparoid) Stop **7 days prior** to procedure
- Refludan (lepirudin) Stop **14 days prior** to procedure
- ReoPro (abciximan) Stop **2 days prior** to procedure

Medications Taken by mouth:

- Aspirin or aspirin containing medications (such as Excedrin) Stop **7 days prior** to procedure
 - Brilinta (tricagrelor) Stop **5 days prior** to procedure
 - Coumadin (warfarin) Stop **5 days prior** to procedure
 - Dicumerol/dicumarol Stop **5 days prior** to procedure
 - Effient (prasugrel) Stop **7 days prior** to procedure
 - Eliquis (apixaban) Stop **3 days prior** to procedure
 - Elmiron Stop **5 days prior** to procedure
 - Exanta (elagatran/ximelagatran) Stop **14 days prior** to procedure
 - NSAIDs (Ibuprofen, Naproxen, Aleve, Diclofenac, Mortin, Advil, Mobic, Duexis, Zorvolex, Zipsor, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) Stop **3 ~ 5 days prior** to procedure
 - Persantine (dipyridmole) Stop **7 days prior** to procedure
 - Plavix (clopidogrel) Stop **7 days prior** to procedure
 - Pletal (cilostazol) Stop **7 days prior** to procedure
 - Pradaxa (dabigatran) Stop **2 days prior** to procedure
 - Xarelto (rivaroxaban) Stop **2 days prior** to procedure
 - Ticlid (ticlopidine) Stop **14 days prior** to procedure
 - Vitamin E Stop **3 days prior** to procedure
- Do **NOT** take NSAIDs (Ibuprofen, Naproxen, Diclofenac, Aleve, Mortin, Advil, Mobic, Duexis, Zorvolex, Zipsor, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) **3 ~ 5 days prior** to your procedure (Acetaminophen = Tylenol is acceptable)
 - Do **NOT** take Vitamin E, Fish oil, Garlic, Ginkg, Ginseng **5 days prior** to the procedure
 - If you are not sure, please feel free to ask us or call your local pharmacist
 - **Please, continue to take** your blood pressure pills, seizure medications, asthma medications, thyroid medication, pain medications as prescribed/scheduled.
 - You might require pre-procedure blood work if your procedure is a Discography, Disc Decompression or Spinal Cord Stimulator insertion.

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Spine and Pain**



- If you are allergic to **LATEX**, please tell the physician immediately.
- If you are allergic to **SHELL-FISH, IODINE CONTRAST, IVP dye or CT scan contrast**, please tell the physician immediately.
- Please arrive **30 minutes before** your appointment time. This allows us time to complete the necessary paperwork and nursing assessments prior to the procedure
- Wear loose fitting clothing the day of your procedure
- Do not apply powder or cream over the area where the procedure is to be performed
- For more information, visit our website www.relievus.com or call the office at **(888) 985-2727**

Female Patients

- If you are pregnant or trying to get pregnant, you **MUST** inform us immediately.
- **Urine pregnancy test** will be done prior to the procedure.

Diabetic Patients

- Please continue to take medications (oral and/or injectable) for diabetes.
- Please check your blood glucose level (finger stick) at home on the procedural day.
- Please continue to monitor your blood glucose level at home 1-2 weeks after the procedure.
- Please consult your primary care physician for increased blood glucose levels.

The above instruction was given to me and/or my guardian(s) at least 72 hours prior to the procedure. I have read or had read to me the above information including the surgical consent. I have followed the above instruction.

Patient or Legal Guardian's Name: _____

Patient's signature: _____

Date: _____

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