Patient Name	MR Number
Post Procedure Discha	arge Instruction for Radiofrequency Medial Branch Ablation
	ocedure is to provide long term relief of your symptoms. It is common to pain after the procedure due to secondary muscle spasms.
	ny you and be responsible for getting you home. No driving is allowed the ou should also have assistance available, if needed, to walk for the first the procedure.
Apply ice packs for 10 n heat or heating pads for	ninutes every 2 hours, as needed for pain. Please refrain from the use of 48 hours.
 A temperature of Excruciating paid every 3 to 4 hour Increasing weak Allergic reaction Redness, swelling Headache in the Loss of bowel are 	e following symptoms, please call the office at 518-487-4093/518-487- of 100 degrees or higher in. You may apply ice packs at the site of injection for 15 to 20 minutes ars as needed for pain teness in the arm/leg in including itching or hives ing, increasing pain, bleeding or discharge from the injection site is standing or sitting position which is fully relieved by lying down ad/or bladder control ass of breath or chest pain if you have received a lower cervical thoracic
keep a diary of your pai	e at the number above to make a follow-up appointment. We ask that you n scale (0-10, 10 being the most severe pain) and bring it with you to your may need to have a trigger point injection to treat the muscle spasms.
It may take 4 to 6 weeks realistic expectations.	s for you to notice the full benefit of this procedure. It is important to have
Patient Signature	Date

* If you develop these symptoms after the normal working hours between 8:00 am to 4:30 pm, please contact the emergency department of Albany Memorial Hospital or any other hospital close

by.