**Scott P. Leary, M.D.** 7625 Mesa College Drive, Suite 305A San Diego, CA 92111 Phone: 858-223-2100 Fax: 858-223-2101

## **BMAC INJECTION DISCHARGE INSTRUCTIONS**

#### **General Wound Care Instructions**

- ► Keep dressings/operative areas clean and dry.
- If you notice bright red bleeding, swelling, coldness, bluish coloring, numbness, persistent pain or sudden intense pain in or around the operative areas, or if you have any questions, call our office.
- If swelling, redness, heat, and/or drainage occur at any of the incision sites, call our office.
- Remove band aids or dressing(s) in 24 hours. If you have small white tape strips, do not remove them.
- Low grade fever is normal up to 48 hours after surgery. Call our office for any temperature over 101°.
- Call our office if you cannot urinate 8 to 12 hours after surgery or if you do not have a daily bowel movement after your procedure.
- ▶ May shower: day after procedure.
- ➤ May bathe/hot tub/swim: 7 days after procedure.

#### **Hip Area - Specific Instructions**

- The aspiration of stem cells can produce pain and stiffness in the hip area which can be anything between minimally sore to very sore and symptoms may last for 24 - 72 hours after the procedure.
- To lessen swelling and pain in the hip area you may apply ice packs 20 minutes on, 20 minutes off as needed (do not ice your spine injection area). Make sure you have a towel or wash cloth between your skin and the ice pack. You can also alternate ice and heat.

## **Spinal Injection Site - Specific Instructions**

- You may experience increased injection site pain for 24 -72 hours and occasionally symptoms can last as long as 10 days.
- Do not apply ice packs to the spinal injection site as it can interfere with the activity of the stem cells.
- Do not smoke cigarettes for at least 6 weeks post procedure.

#### Post Sedation Instructions

- You may feel sleepy and somewhat sluggish for several hours.
- > Do Not Drive The Day Of Your Procedure.
- Do not stay by yourself the day of the surgery. If this is not possible, have someone call or visit you frequently.

- Take deep breaths and cough 2 times every hour until bedtime.
- Do NOT drink alcoholic beverages for 24 hours after surgery and/or when taking pain medicine.
- Do not make any important decisions or participate in activities which require judgment or quick reaction time.

# Diet / Fluids

- ➤ Recommended diet: Regular
- > Drink plenty of liquids to stay hydrated.
- Nausea can be a side effect of medicines you received during surgery. Take frequent sips of clear liquids. If unable to tolerate liquids, call our office.

#### **Medications**

- > Take pain medications as prescribed by our office.
- Do Not Drive Or Operate Machinery While Taking Pain Medications.
- Do not take anti-inflammatory medications (e.g., Advil, Motrin, Aleve, ibuprofen, aspirin, etc.) and steroid medications (e.g., steroid based asthma inhalers, oral steroids or steroid injections) for at least 6 weeks post injection because these medications may block the effects of the intended healing response facilitated by the postinjection inflammation.

## **Post Injection Activity Instructions**

- > Day of procedure: rest and limit physical activity.
- Day after procedure: able to return to sedentary activities such as sitting at a desk or walking.
- One week after procedure: able to return to low impact activities (e.g., cycling, swimming, elliptical machines, stretching, etc.), however, no strenuous or contact sports, or activities that have an impact on your spine such as jogging or running.
- Six weeks after procedure: able to slowly introduce all desired activities as tolerated.

Patient Name: Procedure Date: **Next Appointment Date: Time**: for six-week post injection visit

# I Hereby Acknowledge Understanding And Receipt Of The Instructions Above. I Understand That It Is My Responsibility To Arrange For Follow-Up Care As Instructed Above.

| PATIENT OR REPRESENTATIVE SIGNATURE | DATE | WITNESS SIGNATURE | DATI | E |
|-------------------------------------|------|-------------------|------|---|
|                                     |      |                   |      |   |
| NURSE SIGNATURE                     | DATE | TIME              |      |   |
|                                     |      |                   |      |   |