



IMPRINT AREA

**KPMC - OAKLAND
INTERVENTIONAL RADIOLOGY
(510) 752-7573**

Vertebroplasty Discharge Instructions

Today you had a vertebroplasty on the following level(s): _____ by Dr. _____

When you get home, you should rest in bed for the remainder of the day. Gradually increase your activity level tomorrow, as you feel able. The day after tomorrow, you may return to your regular activity level. Do not push yourself into activities if they cause you pain. Instead, slowly ease into these activities until they can be done comfortably. If you are scheduled for physical therapy after this procedure you may start right away. You may return to your regular diet as you feel able and, unless otherwise directed, you should return to your regularly prescribed medications right away.

Medication comments: _____

After the procedure, you might notice immediate relief of your back pain. However, you may have an increased or different type of pain due to the procedure itself. This local pain is normal and may last for 3-5 days. Patients who do not have immediate relief of their back pain may have to wait up until one week to notice an improvement. To treat the pain, please take your pain medications as prescribed. If you are not obtaining adequate pain control from your medications, you should contact _____ at (510)_____. If it is helpful, you may also apply a heating pad to your back.

The procedure sites have small sterile dressings that should be left on and kept dry for 24 hours. After 24 hours, please remove the dressings. For 1-2 days you may notice small amounts of pink tinged fluid at the procedure site(s). This is normal. You may place loose gauze dressings or Band-Aids over these areas to prevent staining of your clothing. You may shower or bathe after 24 hours.

You should call IR at (510) 752-7573 if any of the following occur:

- You develop bleeding, swelling, redness, sudden pain or unusual discharge at the procedure site(s)
- You develop a fever (temp of 101 or higher), chills, nausea or vomiting
- Have changes in arm or leg strength, increased fatigue, numbness, tingling, difficulty controlling your bladder or bowels, difficulty concentrating or staying alert
- You have any questions about your procedure or your recovery

Follow-up visit with Dr. _____ on _____

Additional notes/instructions:

Patient Signature _____ Date _____

Nurse Signature _____ Date _____