



# CHRISTIANA SPINE CENTER, PA

Medical Arts Pavilion 2  
Suite 3302  
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Newark, Delaware 19713

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www.christianaspinecenter.com

## IMPORTANT NOTICE FOR PATIENTS UNDERGOING SPINAL INJECTIONS

**Injections performed at**  
Christiana Spine ASC  
1101 Twin C Lane Suite 102  
Newark, DE 19713

\*If you are unable to make your scheduled injection appointment or feel that you no longer need an injection please let us know at least 48 hours in advance. We have patients waiting for injections who will greatly appreciate your consideration. Failure to notify us may result in your being billed a **cancellation fee.** \*

### **Please note:**

\*\*\*Any patient who has a **bleeding or platelet disorder** needs an evaluation by a hematologist prior to any spinal injections.

\*\*\*Any patient who could possibly be **pregnant** should not have the spinal injection performed. Please notify the doctor if there is any chance that you could be pregnant!

\*\*\*Any patient who has an allergy to **contrast dye or x-ray dye** must make the doctor aware of the allergy a few days prior to the procedure, as pre-medication will be needed to prevent an allergic reaction. **Failure to do so may cause the procedure to be cancelled and/or rescheduled.**

### **To prepare for your spinal injection:**

1. Arrange to have transportation home after the injection. (Note: any patient receiving sedation while at the CSC ASC must have adult drivers remain on site—NO EXCEPTIONS)
2. Eat a light meal, and take your normal medications, especially blood pressure medications
3. Arrive **30 minutes** prior to scheduled injection appointment time.

### **Regarding Blood Thinning Medications:**

Some injections require you to temporarily stop your anti-coagulation medication (Plavix, Coumadin, Aspirin, Pradaxa, Brilinta or Effient). In some cases you may need to stop taking NSAIDs (Ibuprofen, Advil, Aleve, Diclofenac, Motrin etc) prior to your injection. **This should be discussed with your CSC provider when scheduling the injection. Please consult with your cardiologist, neurologist or CSC physician BEFORE stopping any medications.**

**If you have any question regarding this please call our office (302) 623-4144**

The Following Physicians have an ownership interest in the  
**Christiana Spine Ambulatory Surgery Center. (CSASC)**  
1101 Twin C Lane Suite 102  
Newark, DE 19713

**Tony R. Cucuzzella, M.D.**  
**Elva Delpont, M.D.**  
**Nancy Kim, M.D.**  
**Scott Roberts, M.D.**  
**Ann Kim, M.D.**  
**Yong Park, M.D.**

Patients are free to utilize any health care facility of their choice.  
Should you have any questions or concerns, please bring them to the attention of the CSASC Nurse  
Manager or your Physician.

\*\*\*\*The Christiana Spine ASC, being a short-term facility, is not in a position to honor advance  
directives (living wills). Any emergency occurring in the ASC will be treated as such, and these patients  
will receive the benefit of an emergency response. Any patients with advanced directives requiring  
hospitalization will have their copy forwarded to the hospital at the time of transfer.

## **PATIENT INFORMATION FOR SPINAL INJECTIONS AT THE CHRISTIANA SPINE ASC**

### **1) What can I expect during a spinal injection?**

Only the patient is allowed in the procedure room during the injection. We ask that the patient eat a light meal, drink and take their normal medications. During most procedures, an IV needle will be placed in your hand or arm in case any medication is needed during the procedure. Blood pressure and heart rate are monitored. The procedure can take anywhere from 5-30 minutes. **NUMBING MEDICATION IS USED LIBERALLY AND IN MOST CASES THE PROCEDURE IS NOT SIGNIFICANTLY PAINFUL.** A small amount of dye will be injected to help with visualization during the procedure so please let us know if you have an allergy to x-ray dye or contrast dye. You should plan on having a ride home.

### **2) Why should I have a spinal injection?**

The purpose of the injection is to carry medication to the inner part of the spine where the more serious types of strain and injury can affect the disc and spinal joints, causing pressure or irritation of the nerves, or pain arising from the joints. In most cases, the medication that is going to be used is a very potent anti-inflammatory steroid. Many doctors and patients refer to this medication as "cortisone", although hydrocortisone is rarely used anymore. There are better types of medication similar to hydrocortisone. In this office, we usually use triamcinolone or dexamethasone, which are in the same family of medications as hydrocortisone. The goal of the injection is to deliver this potent anti-inflammatory steroid as close as possible to the anatomical structure that we believe is causing your pain, thus providing the greatest chance of pain relief.

### **3) How long will it take before I see relief from the spinal injection?**

The benefits from the injection may appear almost immediately or may build up gradually over seven to ten days. Increased pain may be experienced the day of the injection and the following day. Although unusual, this pain may last up to seven days.

### **4) How long will the benefits of the injection last?**

Many patients ask how long the injection will last or if the injection "wears off". The medication injected is a potent anti-inflammatory and will cause a reduction in inflammation and pain in the area where it is injected. If the injection relieves 75% to 100% of your pain one (1) to two (2) weeks after the injection, most likely the results will last at least several months. It is highly recommended that a successful injection be combined with therapeutic stretching and strengthening exercises to prolong the benefits of an injection.

### **5) Are there any risks or complications from having this procedure?**

Overall, these injections are very safe. Minor side effects are not uncommon, but severe complications are extremely rare.

Up to twenty percent (20%) patients experience dizziness, which may last for a few minutes during the procedure. This is generally due to a drop in blood pressure and resolves quickly. Intravenous fluids can be administered if this dizziness does not resolve quickly or is causing anxiety. Although unlikely, fainting may occur, and this would once again be due to a temporary drop in blood pressure. With cervical injections, loss of balance or unsteadiness may be present for 8 hours after the injection due to the anesthetic that is used.

Up to twenty percent (20%) of patients can experience numbness in the arms or legs after the procedure, and less frequently some patients may experience weakness in the arms or legs after the procedure. This sensation would generally last for one half hour but could last up to eight hours after the injection depending upon the type of anesthetic used during your procedure. For this reason, we would advise that you do not operate a vehicle or perform any activities that require coordination for twelve hours after

the injection.

Minor or temporary reactions may result due to the use of corticosteroid medication (otherwise known as “cortisone” or “steroid” medication) with the procedure. Diabetic patients may experience a short-term increase in their blood sugars after the procedure (ranging from 1 day to 1 week), thus blood sugars should be checked at least daily for one week after your injection. Some patients may develop a headache or facial flush the following day, which lasts twelve to twenty-four hours. Rarely, some women can experience disruption of their menstrual cycle for one or two cycles.

Too many cortisone injections (or oral steroid preparations) over time can increase risk of osteoporosis (or bone thinning). The appropriate number of injections over times should be discussed with your physician.

Very rarely, a patient could develop an acute allergic reaction to the contrast dye that is used during the procedure. Medications will be available during the procedures that are effective at reversing allergic reactions. Less than one percent (1%) of patients will develop a headache, which can last up to twenty-four hours. Rest and contacting our office or your “family doctor” doctor is advised.

Other extremely rare complications have been reported, but their occurrence is so infrequent that an actual rate of occurrence is not available. These reported complications include infection and hip damage with possible need for an artificial hip.

Serious neurologic events, some resulting in death, have been reported with epidural injection of corticosteroids. Specific events reported include, but are not limited to, spinal cord infarction, paraplegia, quadriplegia, cortical blindness, and stroke. These serious neurologic events have been reported with and without use of fluoroscopy. The safety and effectiveness of epidural administration of corticosteroids have not been established, and corticosteroids are not approved for this use.

Corticosteroids (otherwise known as "cortisone" or "steroids"), such as dexamethasone, triamcinolone, methylprednisolone and betamethasone are not approved by the FDA for epidural injections. The use of corticosteroids for epidural injections is considered "off-label" use.

## **6) What if the injection does not work?**

1. One possibility is that the medicine was not injected into the anatomic location that was the source of the pain. This means that your history and physical examination should be re-assessed to re-diagnose the problem. Although disappointing, an injection that does not provide pain relief often provides information to correctly diagnose your problem.
2. Another possibility is that the medicine was injected in the correct anatomic location, but that the problem causing your pain, such as a large slipped disc or severe spinal stenosis, is too great to be overcome by a simple injection. When this is the case, the patient will generally experience some very minor pain relief for several days and then the pain will return. When this occurs, it may not be worthwhile to perform any further injections.

## **7) What is the protocol for treatment after the first injection?**

Often patients achieve pain relief that is lasting after just one injection. If indicated, a second or third injection may be performed to further any benefits that are gained from the first injection. Performing up to four (4) injections a year is considered safe and is a common protocol for many physicians who do these procedures. Further injections may or may not be worthwhile and will be determined on an individual basis at the follow up visit.

**8) What do I need to do the day of the procedure?**

Please bring a current list of all your medications with you along with your insurance information and picture ID. The ASC and office are two separate facilities. This will ensure your chart is the most up to date. As a courtesy to you, our office verifies benefits and obtains authorization with your insurance carrier prior to your visit at the ASC. It is your responsibility to provide facility co-payments and deductibles at the time of service. For any billing concerns, please call our **Billing Office** at **(302) 602-7002**, between the hours of **8:00 A.M.-4:00 P.M.** Monday through Friday. Lockers are provided to hold clothing and valuables. Do not wear jewelry. Bring a current list of all your medications with you. This list will ensure that our chart is the most up to date.

**9) What should I expect on the day of the procedure?**

Expect to be at the ASC for about 45-90 minutes. Times may vary based on type of procedure and if sedation is requested. *If sedation is requested, no food or drink 2 hours prior to your procedure.* If sedation is not requested, you can eat and drink normally. Lockers are provided to hold clothing and valuables. DO NOT wear jewelry.

## **For Patients Who Choose to Receive Sedation for Their Procedure**

The Christiana Spine Ambulatory Surgery Center is pleased to provide the highest quality care during your Pain Management procedure.

In addition to local anesthesia, the facility offers a minimal sedation, Valium, which is optional. If preferred, you will receive this medication through an intravenous line (I.V.) that will cause you to relax.

Sedation will be specifically tailored to your individual needs on a moment-to-moment basis. Sedation is directed by a Board Certified Physician who will oversee the medical direction and supervision of your care. Medical devices will be utilized to carefully monitor your heart rate, blood pressure, oxygen saturation, and breathing.

You will then recover in the Post Anesthesia Care Unit (PACU) until you are fully ready for discharge. You will then be discharged from the facility with a responsible adult. You WILL NOT be permitted to receive sedation if you do not have a responsible adult and means of transportation other than yourself.

If you decide not to receive sedation prior to the procedure, and then you change your mind, you can let the staff know at the time of the injection and you will receive sedation as long as you have a responsible adult on the premises.

Everyone reacts differently to sedation; it may cause unsteadiness and drowsiness. You will be required to have a responsible adult remain with you throughout the day of your procedure. It is strongly advised that you DO NOT DRIVE for 24 hours after receiving sedation.

If you have further questions concerning your anesthetic sedation, please contact the:  
Christiana Spine Ambulatory Surgery Center  
1101 Twin C Lane Suite 102  
Newark, DE  
(302) 996-9500

We hope this information sheet has been able to answer some common questions regarding spinal injections. Certainly, if there are further questions, we would be happy to discuss them with you.

Tony R. Cucuzzella, MD    Elva G. Delport, MD    Nancy Kim, MD    Scott Roberts, MD  
Ann Kim, MD    Yong Park, M.D.