SpinePain SOLUTIONS

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Post-Procedure Instructions: Diagnostic Injections (Nerve Blocks)

After your procedure

SpinePain Solutions · Patient handout

Follow any specific instructions your care team gives you. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team. Follow any personalized instructions you were given at discharge. If something on this sheet conflicts with what you were told, follow your care team's directions and call the office.

Call 911 or go to the nearest emergency room if you have:

- Chest pain, trouble breathing, or coughing up blood.
- New or worsening weakness in your arms or legs, or you cannot walk or stand (after the numbing medicine has worn off).
- New trouble controlling your bladder or bowels, or new numbness in the groin, buttocks, or inner thighs.
- Confusion, fainting, or a sudden, severe headache.
- Bleeding from the injection site that does not stop after 10 minutes of firm pressure.

Call the office right away at 631-310-0000 if you have:

- A temperature of 100.4°F (38°C) or higher, or shaking chills.
- Redness, warmth, or swelling around the injection site that is getting worse, or drainage that is cloudy, yellow-green, or bad-smelling.
- Clear, watery fluid leaking from the injection site, or a headache that gets worse when you sit or stand up and better when you lie down.
- Pain that keeps getting worse, new sudden severe back pain, or pain that your medicine does not control.
- Pain, swelling, or redness in one calf or leg.
- New tingling or numbness that is spreading.

If you cannot reach the office and you are worried, go to the nearest emergency room.

What was done

You had a diagnostic injection or nerve block. This may have been a medial branch block or another diagnostic block. The goal is to test whether a specific nerve or joint is a source of your pain. The doctor uses numbing medicine (local anesthetic) to quiet that pathway for a short time. Relief, if it happens, usually lasts only while the numbing medicine is working. Lasting treatment is not the main purpose of this test.

Some diagnostic injections also include a steroid. If a steroid was used, later improvement over the next days is a different question from the short test you do today.

What to expect in the first 24-48 hours

- Soreness at the injection site is common. A short increase in your usual pain can happen too.
- Numbness, heaviness, or weakness from the numbing medicine may occur. This usually wears off within hours.
- If you received sedation, you may feel tired or unsteady. A responsible adult should take you home.
- If a steroid was used, you may notice flushing or trouble sleeping for a short time. A steroid can also raise blood sugar. If you have diabetes, check blood sugar more often.

Pain diary

The most important part of this test happens after you leave. The goal is to see whether quieting the target changes your familiar pain and function.

Before the injection, record your pain score, where the pain is, two or three movements that usually bring on the pain, how long you can walk, stand, or sit, and any pain medicine you took that day. Use the same pain scale each time.

After the injection, follow your discharge and safety rules. Within those limits, safely repeat the same activities that normally bring on your familiar pain. During the numbing-medicine window (the hours while the numbing medicine is working), record:

- The percent of relief in the main pain being tested.
- Which of those usual activities became easier.
- When relief began.
- How long the improvement lasted.
- Which symptoms did not improve.

A note such as "I could stand for 20 minutes without my usual right-sided back pain" is more useful than "I felt better."

Test only activities your discharge instructions allow. If a steroid was used, keep tracking pain and function over the following days. That later change does not answer the same test question as relief while the numbing medicine is working.

Use this simple diary and bring it to your follow-up (or have it ready if the office calls).

Time	Pain score (0-10)	Activity tested	Change from before
Before the injection	____ / 10		Baseline
Right after	____ / 10	Same activity	____ % relief
During the numbing-medicine window	____ / 10	Same activity	____ % relief
Later that day	____ / 10	Same activity, if allowed	____ % relief
Following days (only if a steroid was used)	____ / 10	Usual daily function	How long it lasted

When relief began: _____
How long it lasted: _____
Which symptoms did not improve: _____
Pain medicine taken today: _____

Activity and lifting

Plan a quieter day. Avoid strenuous exercise until your team says it is safe.

During the numbing-medicine window, repeat only the planned activities that are safe and allowed. Do not rest the whole time if those usual activities are safe to try. Resting instead of testing can make the result harder to read.

Dressing and bathing

Follow any bathing or dressing instructions you were given at discharge.

You may usually take off a small bandage the evening of the procedure or the next morning, then shower. Pat the site dry. Do not scrub it. No baths, pools, or hot tubs until the skin has closed, often about 24 hours, or until your team says it is safe. Do not put lotion, cream, or ointment on the site unless you were told to.

Medicines, ice and heat

Continue your usual home medicines unless you were told to hold something. Do not stop a blood thinner on your own. Restart blood thinners only as directed by your provider.

For soreness, acetaminophen (Tylenol) or an anti-inflammatory may be used if it is safe for you - ask if you are unsure. Take any prescribed pain medicine exactly as directed.

Ice 15 to 20 minutes at a time, with a thin cloth between the ice and your skin. Keep any dressing dry.

Avoid heat on the injection site for the first 2 days unless your discharge sheet says otherwise.

Driving and work

If you received sedation (including Versed or MAC with propofol), a designated driver should take you home. Do not drive yourself that day. Do not operate heavy machinery or make important legal decisions the rest of that day.

Do not drive after sedation or while numbness, weakness, or slowed reaction time is still present. Even if only numbing medicine was planned, follow the written discharge plan. Many injection suites still require a driver.

Many people return to light or desk work the same day or the next day if they feel well. If you had sedation, this is often the next day. Confirm timing with your provider based on your job.

Follow-up

Bring this diary to your follow-up visit, or have it ready if the office calls to review your result. Call SpinePain Solutions at **631-310-0000** if you do not already have a follow-up visit.

This is often a visit or phone review within a few days, so the diary can be reviewed while it is still fresh.

Questions or concerns?

Please contact us through **Klara** or the **patient portal**.
You can also text us at **631-310-0000**, or call **631-310-0000**.
Website: **SpinePainSolutions.com**

Scan to open your patient portal

SpinePain Solutions · Dr. Amit Sharma · Bay Shore / Commack / Farmingdale · Phone: **631-310-0000**. These instructions do not replace advice from Dr. Sharma or your SpinePain Solutions care team.

Revised November 13, 2026.