

# VCU – Stony Point Spine Center

## Dr. Gu – Stimulator Trial Discharge Instructions

### What to expect:

1. Soreness at the site of the catheter insertion in your back is to be expected. You can continue your pain medicine to help decrease the surgical pain.
2. It will take about three days to improve your soreness and 5-7 days to terminate the trial. You will need a follow up office visit in 7 days. The wires will be removed.

### What to do:

1. Please keep the surgical dressings clean and dry.
2. Strenuous activities may dislodge the stimulator lead. Because of this we advise no sexual activity, avoidance of activities such as lifting more than 10 pounds, mowing lawn, bending from the waist, reaching overhead, straining or any strenuous activities until seen in the office 7 to 10 days after surgery. Slip-on type shoes and sponge baths are advised.
3. Resume your medications and general diet unless requested otherwise.
4. To prevent infection, an antibiotic will be ordered. Please take as directed.
5. Do not drive the day of surgery or while taking narcotic pain medications.
6. Do not drink alcoholic beverages for the next 24 hours or while taking narcotic medications.
7. Do not make any important decisions or sign important papers for 24 hours.

### When to call:

Please call our office (804) 827-7463 and ask to speak with Dr. Gu's nurses immediately if any of the following occur (if you can not get hold of anyone, go to the nearest hospital emergency department): elevated oral temperature of 101.5 or higher, bleeding which has saturated the dressing(s), discharge from the surgical site which is malodorous/colored, severe new onset of pain, photophobia (extreme sensitivity to light) and/or neck stiffening.

### When to return:

Our office will call you to schedule your first post operative visit to occur within 7 to 10 days after your surgery. Prior to the visit, x-ray will be ordered to check the lead position. On the visit, you will be examined, lead will be removed, additional instructions will be given and changes may be made in your pain management.

Patient/Representative signature: \_\_\_\_\_

MD/Nurse signature: \_\_\_\_\_

Date: \_\_\_\_\_