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Instructions to Follow Prior to a Procedure:

Each patient scheduled for a procedure will be called prior to their procedure and be notified about the following information.

We advise you to arrive to the office at least 15 minutes prior to your scheduled procedure time. Call at least 24 hours prior to your procedure, if you need to cancel. If you are more than 15 minutes late, then you will have to wait until the next opening on the procedure schedule to have your procedure.

Medical Clearance: You must be medically cleared by your primary care physician prior to receiving anesthesia for your procedure. You must provide us with this documentation before your scheduled procedure. If we do not receive our medical clearance form filled out by your primary care physician, you may proceed with the procedure under local anesthesia with the doctor's discretion.

Transportation: Prior to your procedure, you will need someone to provide transportation home, as you are not able to drive for 24 hours post- anesthesia. You MUST have a designed driver to take you home. Your ride must be present with you at the time of your procedure and must stay in the facility until you are discharged from the recovery area. You will still need a designated driver if you do not receive sedation. You do not need anesthesia/ sedation for the procedures, but it is available. Please notify the staff of your preference.

Food & Drink: If you are having sedation, we ask that you DO NOT eat or drink anything after midnight the night before your procedure. If your procedure is in the afternoon, you may have a light breakfast until 8 am, after which you should take nothing by mouth. This includes chewing gum and/ or breath mints. You may brush your teeth and rinse with mouthwash and/ or water, just be sure to avoid swallowing of the mouthwash and/or water.

Medications: You may take any prescription medications the day of the procedure with a sip of water. Medications such as blood pressure and asthma medications should be taken with a small sip of water on the day of your procedure.

Diabetic patients: Please check your glucose level at home before you come in for your procedure. We will also perform a glucose finger stick to check your sugar levels prior to your procedure as well.

NSAIDS/ASA/Blood Thinners: Prior to scheduling your procedure, discuss with your physician whether you should discontinue these medications. If you are taking a "blood thinner" (Plavix, Coumadin, Lovenox, Aggrenox, etc.) make sure your doctor is aware EVERY VISIT. You will need your physician who is prescribing the medications (Cardiologist, Neurologist, etc.) to complete our "Request to Stop Anticoagulant" form from our office. If you are specifically taking warfarin (Coumadin), an INR finger stick will be performed prior to your procedure to check your current INR blood level. You will also need to have your INR level checked the morning of your procedure.

Pregnancy Test: If you think you may be pregnant, trying to become pregnant, or is of child-bearing age, you MUST let the staff know. You will be asked to provide us with a urine sample prior to your procedure. A pregnancy test will be performed to ensure you are not pregnant. If you are unable to provide us with a urine sample, we may not be able to proceed with your procedure.

Clothing: Please wear loose, comfortable clothing the day of your procedure. To maintain cleanliness of the injection site, please bath or shower the night before or the morning of your procedure.



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Date:

Re: _____

DOB: _____

Dr. _____,

Our mutual patient is considering a minimally invasive procedure for pain relief at our facility. Our patient has opted for monitored anesthesia care for this procedure. We are requesting medical clearance/optimization for anesthesia. The procedures are generally only a few minutes and require conscious sedation, typically with propofol.

We are attaching a medical clearance form and we would appreciate you filling it out to the best of your ability. We want to provide the best care for our patients and make sure they are optimized for what is considered a low-risk procedure. We realize your patient is in pain, so anything that you can do to expedite this process is appreciated.

If you have any questions or concerns regarding the procedure, please feel free to contact me directly.

The Spine & Pain Institute of New York
SpinePainNY.com



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Medical Provider Clearance

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Please assist in providing a risk assessment for the above patient undergoing a low risk (<1% Boersma et al) interventional pain procedure:

Medical History:

Unstable Angina Recent MI (within 30 days) CHF Arrhythmia Severe/Critical Valvular Disease
 COPD Recent Hospitalization Recent URI History of cardiac stents (Date of Insertion)
 Asthma Use of Inhalers History of intubation Other:

No history of chest pain, palpitations, shortness of breath, dyspnea or wheezing

Medications: _____

Anticoagulant Medication: _____ (i.e., Plavix, Coumadin, Xaralto, Aspirin, Heparin, Effient, Pradaxa)

Other Cardiac Medications: _____

Allergies: _____

Vitals: Pulse _____ BP _____ Height _____ Weight _____

Physical Functional Capacity:

>4 Mets (e.g., climb 2 flights of steps, walk up hill, heavy housework such as scrubbing)

1-4 METS (e.g., eat, dress, walk inside the

house) CV: Reg Irregular

Respiratory: Clear Unlabored Other

Recommendation: I have reviewed the relevant data and my assessment is:

Proceed without supplement work up

Proceed following additional evaluation with:

- INR, PT
- EKG / Echocardiogram / Stress Test (Cardiology Clearance)
- Other: _____

Contraindicated due to: _____

Additional Medical History: _____

Physicians Name: _____

Physicians Signature: _____

Date: _____

THE
SPINE & PAIN
INSTITUTE of NEW YORK

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Re Pt: _____ Date: _____

DOB: ____/____/____

Dear Dr. _____

We would like to schedule the above patient for an injection for pain management. In order to ensure patient safety, we would like to confirm that the patient **can place their anticoagulant medication on hold for the procedure**. Also, please let us know if the patient has any bleeding tendencies (e.g., Coagulopathy, liver diseases, hereditary bleeding disorders)

Procedure: _____

Our records indicate this patient is taking one or more anticoagulant medications. **Please sign below and fax back to us if they can STOP their anticoagulant prior to the procedure.**

Listed below are the guidelines established by the ASRA (American Society of Regional Anesthesia) for the commonly used anticoagulants.

- Warfarin (Coumadin) at least 5 days with a PT/INR prior to procedure
- Clopidogrel (Plavix) 7 days
- Ticlopidine (Ticlid) 14 days hold
- Enoxaparin (Lovenox) 36-hour hold

A period of abstention for newer anticoagulants, such as **Xarelto, Pradaxa, Effient**, etc. has **NOT** been specifically defined, and it is our recommendation that these medications be discontinued for a duration of at least five half-lives in the absence of accepted guidelines. Newer anticoagulants and antithrombotic agents are continually under development, and we value your guidance in the absence of established guidelines. We would welcome the opportunity to further discuss the risks and benefits specific to this patient at your convenience.

Accepted by

M.D. Signature

Date

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Pain Injection Instructions: After the Procedure

1. On the day of the procedure, you should rest. Many people go on to their regular activities such as work but this is not recommended. You may resume your activities the following day.
2. The anesthetics used during the procedure usually wear off in a few hours but may remain in your body for up to 24 hours. Side effects such as drowsiness, dizziness and nausea are unlikely but normal during this period.
3. Refrain from the following for 24 hours after your procedure:
 - Do not take a bath, swim or sit in a hot tub. Showers are okay.
 - Do not drive, operate heavy machinery or use power tools
 - Do not drink alcoholic beverages
 - Do not make important or legal decisions, as your judgment may be impaired
4. Immediately following the procedure, it is possible that your legs may feel shaky or weak. These sensations are temporary.
5. Tenderness at the site of the injection is possible but usually minimal. If the pain is too bothersome, take anti-inflammatory medications prescribed by the doctor or Ibuprofen 400mg can be taken every four hours as needed. Cold compresses may also be used for 15-minute intervals every hour as needed.
6. If you experience a fever, chills, severe leg weakness, or worsening back pain several days after the procedure you should call the office immediately or be evaluated in the Emergency Department.

If unable to reach your physician, call 911 or go to the nearest hospital emergency room.
7. If you are a diabetic, you may experience an increase in your glucose levels. You should consult your primary doctor for adjustments to your medications/insulin.
8. If you prior to procedure take pain medications (such as Percocet or Vicodin) or muscle relaxants (Flexeril, Zanaflex, etc.) as needed these medications only need to be taken if you are still having pain. If you take long-acting narcotics those should be continued unless otherwise instructed by your doctor.