

Center for Pain and Headache Medicine

Guardian Medical Care

		Guardian Medicai	Care
PATIENT'S NAME:			DATE OF BIRTH:
	Post-Op Instru	ctions for Spinal Cord o	r Peripheral Nerve Stimulator
24-Ho	ur Post-operative Instru	ıctions	
1.		t operate dangerous machinery/	equipment.
2.	Do not make any imp		
	Do not cook.		
		ig to and from the restroom	
5.	You must have superv	ision from family/friends availal	ble
Dressi	ngs		
1.		nange incision site dressings.	
2.			ontact our office or the device representative.
After I	mplantation		
1.		ne leads are taken out. Avoid so	aking the incision. No baths. Sponge bath is
	recommended.		
2.			d programmer to become familiar with the
0		rove the control of your pain.	
3.		an even surface every day in ord nt programs during activity.	ler to get some exercise and to assess the
nn 1	1 CMT 1 .		
			t, avoid the following during the trial:
1. 2.	9		
3.		Juiders.	
4.		e waist.	
5.	Strenuous activity.	o maist	
M - J:	- .		
Medica 1.	<u>auons</u> Take post-operative ai	ntihiotics as proscribed	
2.		n medications as prescribed.	
2.	rake your regular pair	i medications as prescribed.	
	nd Symptoms of Infec		
			al antibiotics afterwards, watch for signs and
	ms of infection includin	9	
1.	Fevers, chills, and/or r		
2.			me tenderness at your incision sites.
3.	Excessive drainage and	d/or foul-smelling drainage from	your incision sites.
Dotion	Ciamatuma	Dationt Drint- 1 No	D-4-
rauent	Signature	Patient Printed Name	Date
Or ners	on legally authorized to	sign for the above-mentioned pat	ient:
r	<i>G</i> ,	5	

Center for Pain and Headache Medicine PH: 912-324-4080, FAX 912-324-4097

Printed Name

Signature

Date

Relationship