

Patient Checklist for Radiofrequency Ablation (RFA) for Osteoid Osteoma

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(✓ the line below when task is done)

***BEFORE* the RFA it is *NECESSARY* to do the following:**

- ___ Plan to arrive *early*- **30 minutes** before your scheduled RFA so we can prepare you for the procedure
- ___ You may wish to shower the morning of the RFA since you cannot shower for 48 hours after the procedure
- ___ Arrange for safe transportation to get to the hospital **and** to get back home
- ___ Have all the necessary blood work done
- ___ **Stop taking Plavix for 5 days before the procedure. Stop taking Lovenox for 24 hours (maximum of 2 skipped doses) before the Procedure. Stop taking Aspirin for 5 days before the procedure. If you take Coumadin (Warfarin) please contact your primary doctor at least one week before the procedure to see if you need to change your Coumadin (Warfarin) dose.**
- ___ Stop eating solid foods 8 hours before you arrive. Stop drinking water 2 hours before you arrive. Your stomach **must be empty** for safety reasons before your RFA because you'll be getting anesthesia for the procedure
- ___ Read and follow all the information given in the sheets explaining "Radiofrequency Ablation for Osteoid Osteoma"
- ___ Ask any questions about the procedure for your RFA with your primary doctor
- ___ The procedure may take up to 3 hours. You'll then be in the Recovery Room for up to 4 hours to allow the anesthesia to wear off and to control the pain after the procedure. Please plan on your ride home to be ready about 8 hours after you arrive at the hospital.

RESULTS

It takes 2 to 4 days for the final lab results from the biopsy. The radiologist who did your RFA will call you to explain the results

DISCHARGE INSTRUCTIONS

After the procedure you may feel some discomfort and pain, which we will treat, and there may be some mild bruising or slight bleeding. This is normal and should not cause you alarm. Pain and bleeding will be controlled before you leave. Please observe the following:

- Keep your band-aid on for **48 hours**. **DO NOT** take a shower for **48 hours**. **DO NOT** take a bath, go swimming or go into a hot tub or Jacuzzi for **72 hours** after the biopsy in order to keep the needle puncture site clean.
- **DO NOT** do any excessive physical activity for **72 hours** after the biopsy.
- You may eat your regular diet when you get home.
- Avoid vigorous exercise involving the treated body part for **3 months** after procedure to prevent injury to the treated area.

Call your primary doctor or the radiologist who performed the procedure if you have any of the following problems:

- a lot of bleeding from the biopsy site or increasing pain which is not relieved by your prescribed pain medication (mostly Vicodin) or Tylenol.
- increasing swelling or formation of a mass that you can feel near the biopsy site
- your needle puncture site becomes infected (redness, increasing pain, swelling, pus leaks out, or fever)
- you develop **new** pain 2 to 4 days after the procedure

Call 911 immediately if you have any of the following:

- faintness, light-headedness, severe bleeding, weakness, change in mental status or passing out.
- heart pain, chest pain, palpitations or any breathing problems.

(more information on the back side of this sheet)

RFA DISCHARGE INSTRUCTIONS (continued)

Have Further Questions or Concerns?

If you have a problem or question between 8 a.m. and 9 p.m. on weekdays call the Radiology Nurses at (415) 353-1564.

If you have a problem or question after these hours or on weekends or holidays, call the Radiologist on call pager:

- Dial (415) 443-1749 and wait for the voice prompt.
- After the prompt saying “*please enter your numeric message after the tone*” just type in your area code and phone number.
- Then hang up the phone and the radiologist on call will promptly call you back.

If you feel you are having an emergency, call 911 or go immediately to the nearest Emergency Department.

These instructions have been explained to me. I understand my responsibility to follow them and have been given a copy for my own use.

Additional Information: _____

RN/MD Signature _____ Date _____ Patient or Guardian's Signature _____

