

## Post-Operative Discharge Instructions

### Restrictions:

**Do Not** drive for 24 hours and while on pain medications.

**No** alcoholic beverages for 24 hours or while on pain medications.

**Do Not** sign any legal documents or make any important decisions.

**Do Not** operate any machinery for 24 hours.

**Highly Recommended** you have a responsible adult with for the next 24 hours after your procedure

### Activity:

- ☐ Rest and relax today. Do not resume usual activities.
- ☐ No strenuous activities. No heavy lifting.
- ☐ May return to work/school in \_\_\_\_\_ days. No gym for \_\_\_\_\_ days.
- ☐ Other: \_\_\_\_\_

### Notify MD if:

- \*\* Excessive bleeding that soaks dressing.**
- \*\* Fever of 101 or greater.**
- \*\* Increased redness or swelling along incision.**
- \*\* Foul or pus colored discharge from incision.**
- \*\* Unrelieved pain and nausea.**

### Wound Care:

- ☐ Keep dressing dry and intact.
- ☐ Change dressing daily.
- ☐ See attached sheet.
- ☐ Other: \_\_\_\_\_

### Bathing:

- ☐ Sponge bath.
- ☐ Shower: ☐ 24 ☐ 48 ☐ 72 hours.
- ☐ No submersions (bath, pool, hot tub)

### Extremities (upper or lower):

- ☐ Elevate above the level of your heart for 48 hours.
- ☐ Ice intermittently (30 minutes on, 30 minutes off) for 48 hours.
- ☐ Exercises/Range of Motion: \_\_\_\_\_
- ☐ Weightbearing: \_\_\_\_\_
- ☐ Use crutches/sling/shoe/knee immobilizer until: \_\_\_\_\_

### Diet:

- ☐ Light diet for remainder of today. Regular diet as tolerated tomorrow.
- ☐ No restrictions. ☐ Other: \_\_\_\_\_

### Medication:

- ☐ To control pain take: \_\_\_\_\_ if needed. Begin at: \_\_\_\_\_
- ☐ Prescriptions attached.
- ☐ Resume all usual Medications.

### Next Physician Visit:

- ☐ Your post-operative appointment is: \_\_\_\_\_
- ☐ Please call Physician's office. #: \_\_\_\_\_

**In a true emergency please dial 911 and go to your nearest emergency room.**

Patient Signature: \_\_\_\_\_ Responsible Adult: \_\_\_\_\_

Physician: \_\_\_\_\_ Nurse: \_\_\_\_\_

Interpreter: \_\_\_\_\_