

MONTGOMERY SURGICAL CENTER

Taylor Medical Complex
470 Taylor Road Suite 100
Montgomery, AL 36117
334-747-9600

AMBULATORY SURGERY DISCHARGE INSTRUCTIONS

YOU ARE URGED TO FOLLOW THE SPECIFIED INSTRUCTIONS CAREFULLY

In order to continue your care at home, please follow the instructions checked below.

1. GENERAL ANESTHESIA, LOCAL ANESTHESIA WITH SEDATION OR REGIONAL ANESTHESIA

- ☐ Do not drive, operate machinery, power tools or cook a meal for 24 hours.
- ☐ Do not consume alcohol, tranquilizers, sleeping medications, or any non-prescribed medication for 24 hours.
- ☐ Do not make important decisions or sign any important papers in the next 24 hours.
- ☐ You should have someone with you tonight at home.
- ☐ Children may appear flushed for several hours. Do not ride a bicycle, skateboard, or play on gym sets for 24 hours
- ☐ The blocked extremity may be numb for several hours after surgery. Keep arm in a sling until all function returns. Do not attempt to walk without assistance until all function returns to your leg.
- ☐ You may experience a slight sore throat. You may gargle with salt water or use a throat lozenge.

2. ACTIVITY

- ☐ You are advised to go directly home from the Surgery Center. Restrict your activities and rest for a day. Resume light to normal activity tomorrow.
- ☐ You may resume normal activity today.
- ☐ Specific activity instructions:
- ☐ Go to physical therapy
- ☐ Do not engage in strenuous activity that may place stress on your incision.

3. FLUIDS AND DIET

- ☐ Begin with clear liquids, bouillon, dry toast, soda crackers.
- ☐ If not nauseated, you may go to a regular diet when you desire. Greasy and spicy foods are not advised.
- ☐ If nauseated, refrain from heavy foods. Try dry crackers, clear liquids & Jello. If nausea persists notify your doctor.

4. MEDICATIONS

- ☐ Prescription sent with you. Use as directed. When taking pain medications, you may experience dizziness or drowsiness. Do not drink alcohol or drive when you are taking these medications. Prescriptions: _____
- ☐ You may take a non-prescription "headache remedy" type medication that you normally use, if your surgeon permits, preferably one that does not contain aspirin.
- ☐ You may resume your daily prescription medication schedule.

5. OPERATIVE SITE

- ☐ Keep dressing clean and dry.
- ☐ Do not change dressing unless instructed by physician.
- ☐ Change dressing when soiled or wet.
- ☐ May remove dressing _____
- ☐ May wash over incision in shower.
- ☐ Special instructions:

6. EXTREMITIES: ARMS, HANDS, LEGS, FEET

- ☐ Keep operative extremity elevated as much as possible to lessen swelling and discomfort.
- ☐ Apply ice as directed.
- ☐ Observe the affected extremity for circulation or nerve impairment, coldness, change in color, numbness, or tingling.
- ☐ Use crutches/walker as instructed by physician.

7. GYNECOLOGICAL PROCEDURES

- ☐ D&C and laparoscopic patients may have varying amounts of vaginal drainage for a few days.
- ☐ Laparoscopic patients may develop shoulder pain in first 24 hours from residual gas.

8. EAR, NOSE OR THROAT

- ☐ No water or foreign objects in ear.
- ☐ Voice rest for _____
- ☐ May change the nasal tip dressing as needed and as demonstrated
- ☐ Keep head of bed elevated.

9. FOLLOW-UP CARE

- ☐ Your return office appointment is: _____
- ☐ Peripheral Nerve Block Form (copies on chart) ☐ DVT (copies on chart)
- ☐ Sleep Apnea Form (copies on chart)
- ☐ Refer to your Physician's post-op instruction sheet for after hours contact number and post-op care.

Call your surgeon if you have any problem that concerns you. After office hours, you can reach your physician through his answering service.

If you need immediate attention go to the emergency room nearest you.

SPECIFIC COMPLICATIONS TO WATCH FOR:

- | | |
|---|---|
| *Fever over 101 F by mouth | * Persistent Nausea and vomiting |
| *Pain not relieved by medication ordered | * Numbness, tingling, discoloration, or cold fingers or toes |
| *Swelling around operative area | * Blood-soaked dressing. (Small amounts of oozing may be normal) |
| *Increased redness, warmth, hardness, around operative area | * Increasing and progressive drainage from surgical area of exam site |
| *Difficulty breathing | * Inability to urinate |

A follow-up call will be attempted by a recovery room nurse in a few days to check on your progress. If you have any questions, call your doctor.

INSTRUCTIONS FOR FOLLOW-UP CARE: _____

I hereby accept, understand and can verbalize these instructions.

Your Name _____

Your relation to patient _____

Phone number where you may be reached the afternoon following the day of surgery _____

Date _____ Time _____ Signature _____ PACU/Nurse

White-patient

Canary-Medical Records