McLaren Flint
Flint, Michigan 48532

SURGERY DISCHARGE INSTRUCTIONS

Post-Anesthesia

- You must be accompanied home by an adult driver.
- Avoid making complex decisions or signing legal documents for 24 hours.
- Do not drive or operate dangerous machinery for 24 hours or while taking prescription pain medication.
- No alcohol or tranquilizers for 24 hours or while taking prescription pain medications.
- You will feel more comfortable if you stay quiet for the remainder of the day.

Diet

- It is important to take fluid following anesthesia. Begin with liquids slowly and advance gradually to your normal diet.
- Other

Activity

- ☐ No limitations
- ☐ Avoid lifting, bending, straining for ____________
- ☐ Do not lift over 10 pounds for ____________
- ☐ Keep extremity elevated ____________
- ☐ Flex and extend fingers often ____________
- ☐ Crutch ambulation ____________
- ☐ No weight bearing ____________
- ☐ No nose blowing ____________
- ☐ Keep water out of your ears ____________
- ☐ Maintain voice rest ____________
- ☐ No tampons, douching, or intercourse for ________
- ☐ May return to work / school ____________

Wound Care

- ☐ Do not rub or bump eye. Use eye shield for sleep, sunglasses for bright lights.
- ☐ Do not change your dressing
- ☐ Remove dressing in ________ days
- ☐ Leave open to air, keep clean and dry
- ☐ Cleanse wound daily with ____________
- ☐ You may shower / bathe in ________ day(s)
- ☐ Apply ice / heat to incision / extremity as follows ____________________
- ☐ Wear a firm support bra for ____________
- ☐ Other ____________

Medication

- ☐ Tylenol (Acetaminophen) 1 or 2 tablets every 4-6 hours as needed for discomfort
- ☐ Resume your usual home medications
- ☐ Prescription for pain ____________
- ☐ Other ____________
- ☐ Use eye drops as directed.

Call Your Doctor If Any Of The Following Occur

- ☐ Fever over 101 degrees Fahrenheit by mouth
- ☐ Pain not relieved by the medication ordered
- ☐ Observe affected extremity for circulation or nerve impairment: Report change in color, persistent numbness, tingling, coldness or increased pain
- ☐ Changes in appearance of wound (redness, swelling, increased bleeding, foul smelling drainage, or red streaks)
- ☐ Persistent nausea and vomiting
- ☐ Inability to urinate

Dr. Signature: **Date:** **Time**

Follow-up Appointment

Call for a follow-up appointment with Dr. ____________________ on / in ____________

I Have Received And Understand The Above Instructions

____
Patient / Relative / Guardian Signature

____
Instructions Given By

PT.

MR.#/RM.

DR.

SURGERY DISCHARGE INSTRUCTIONS

17452 Rev. 8/12

White - Chart Yellow - Patient

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