

## DISCHARGE INSTRUCTIONS

Please read your discharge instructions carefully and carry out all of the items which are circled. Your physician may also have specific instructions.

We encourage you to have a responsible adult accompany you home and stay with you until you feel capable of independent activity.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

### ACTIVITY

1. Rest for 24 hours and move gradually when assuming an upright position.
2. Elevate the operative limb above the level of the heart.
3. To reduce the potential for a DVT/Blood Clot in your legs, perform ankle pumps and leg exercises when not active.

### RESTRICTIONS

1. Do not drive or operate power tools or machinery for 24 hours.
2. Do not drink alcohol for 24 hours and avoid tranquilizers or sedatives that cause drowsiness for 24 hours.
3. Do not sign legal documents or make important decisions for 24 hours.

### DIET

1. Start with clear liquids or a bland diet and advance to your regular diet as tolerated.

### BLEEDING / DRESSING

1. You might see a small amount of blood on your dressing. However, we do not expect you to have excessive bleeding (dressing completely soaked) following your procedure.
2. If you bleed excessively through your dressing, apply five minutes of continuous pressure and elevate the affected limb above the level of your heart. Notify your physician.
3. If bleeding does not stop, or if you feel dizzy or faint upon standing, notify your physician, call 911 or go to the nearest emergency room.
4. If you vomit blood or cough up blood, notify your physician, call 911 or go to the nearest emergency room.
5. If so instructed, you may change the dressing as needed.
6. If so instructed, keep the dressing on and keep it dry until seen by your physician.

### NAUSEA AND VOMITING

1. If you experience prolonged nausea and vomiting and are unable to keep fluids down for several hours, call your physician or go to the nearest emergency room.
2. Do not eat or drink large amounts of fluid until the nausea and vomiting has subsided. Introduce water first then advance as tolerated to bland foods.

### INFECTION

1. We do not expect you to develop an infection as a result of your procedure. However, you should be vigilant for signs or symptoms of possible infection, including:
  - Temperature greater than 101 degrees Fahrenheit not relieved by over-the-counter Tylenol (avoid taking Aleve, ibuprofen and aspirin for fever).
  - Swelling, redness, pain or warmth at the surgical site or foul-smelling drainage at the surgical site.
  - Difficulty breathing with productive cough.
2. If you have any of these signs or symptoms of a possible infection, call your physician immediately.

### PAIN

1. It is anticipated that you might have some pain as a result of your procedure and our goal is to help you manage your pain. Your physician has prescribed medication to help control your pain. It is important that you take your pain medication as prescribed.
2. It is important to take your pain medicine when the pain starts so it does not become severe and difficult to control.
3. If your pain is not controlled by your pain medication, notify your physician immediately.

### ANESTHESIA SIDE EFFECTS

1. You were given an anesthetic agent or sedative today for your procedure and your anesthesiologist might have placed a breathing device in your airway for the procedure. Common side effects might include a sore throat with hoarseness because of the breathing device, and nausea and vomiting, headache, confusion or memory gaps, and fatigue from the anesthesia.
2. A sore throat is usually relieved by gargling with warm water and salt and mild pain relievers such as Tylenol.
3. If you experience more serious anesthesia side effects, including convulsions, seizures, nerve injury, chest pain or difficulty breathing, call 911 or go to the nearest emergency room.

**I HEARBY ACCEPT, UNDERSTAND AND CAN VERBALIZE THESE INSTRUCTIONS AND VERIFY DISCHARGE WITH ALL PERSONAL BELONGINGS.**

\_\_\_\_\_  
Patient Signature or Responsible Adult

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date