



Discharge Instructions

Activity

You might feel a little sleepy for the next 24 hours. This is due to the medicine you received to relax you.

For the next 24 hours you should:

- Rest at home; no strenuous activity is recommended for the rest of the day and during the night unless otherwise instructed by your physician. You may be instructed to walk periodically.
- Have a responsible adult with you for the rest of the day and during the night. This is for your own safety and protection. You may be up and about according to doctor's instructions.

For the next 24 hours you should not:

- Drive a car, operate machinery or power tools, make any important decisions.
- Drink any alcoholic beverages, including beer.

Medications

You may have some pain. The doctor may give a prescription for pain medications. This should be taken as directed. If it does not help the pain, contact your doctor. If your doctor does not prescribe anything for the pain then you may take a non-prescription, non-aspirin pain medication such as Tylenol. Do not take aspirin, ibuprofen or naproxen unless directed. Please be sure to follow directions on the medication labels.

Medication:

Dose:

Time:

Diet

Progress slowly to a regular diet. Start by taking liquids such as water or non-carbonated drinks. If you have nausea try soup and crackers and, finally solid foods.

Call Your Doctor if you develop:

- A fever over 101 degrees orally.
- Pain not relieved by pain medication.
- Any bleeding or unexpected drainage from the wound.
- Extreme redness or swelling around the incision.
- Leg pain, tenderness or shortness of breath.
- If you do not urinate within 4 hours after discharge.

Where to Call with Questions

Your surgeon at: _____ . If unable to reach your surgeon, then call: the Newport Center for Special Surgery 949 644-8182 open 8:00 a.m. to 5:00 p.m., Monday through Friday. At night and on weekends, phone the Emergency room at Hoag Hospital 949-760-2372. **For an Emergency call 911.**

Follow-up Appointment: _____

Additional Instructions _____

I have received and understand the above instructions.

Patient/Guardian Signature

Date

Signature of person providing instructions