

**HOME CARE INSTRUCTIONS FOLLOWING
GENERAL SURGERY**

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Date: _____

ACTIVITY

Rest for 1-2 days. Use common sense about increasing your activity. If you feel faint, lie down and you should recover quickly.

SURGICAL SITE CARE

1. Keep dressing clean and dry. Remove dressing in days.
2. After dressing has been removed, you may shower. Bathing or soaking should be delayed for at least a week or until OK'd by your doctor.
3. If you have steri strips, they will come off in 5-7 days.

COMFORT

1. You may use ice to the affected area for 24-48 hours to reduce swelling and discomfort.
2. You may need to use prescription pain medication regularly at first and then only as needed. If pain medication does not keep you comfortable, contact your doctor. If nausea occurs, take food in 1/2 hour prior to taking medication. If **nausea persists or rash occurs, STOP** taking medication and call your doctor.
3. For mild discomfort, use over-the-counter pain medication.
4. If you had a laparoscopic procedure, you may have some chest and shoulder pain later today. This is normal. Lying down should help.

MEDICATION

1. New medications:

2. Last dose of pain medication:

DIET

Some of the sedative/anesthetic medication you received today may make you nauseated. Begin with clear liquids and then progress to solid foods as your stomach tolerates them. If you become nauseated, tea or carbonated beverages are helpful. If **vomiting** persists, call your doctor.

SAFETY

1. You can expect to feel dizzy, weak and drowsy for as long as:
 - 24 hours after receiving a general anesthetic.
 - 12 hours after receiving sedation.
 - While taking prescription pain medication.





Wausau, WI

715.847.2121 ~ 800.283.2881

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2. Please follow these instructions for that time:
 - a. **DO NOT** drive a car or operative machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways. Children should not ride bicycles or ride-on toys.
 - b. No alcoholic beverages today.
 - c. Postpone signing any important papers or making any important decisions.
3. Because of the effects of anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

RETURN APPOINTMENT WITH

Dr. _____

Date/Time: _____

WHEN TO CALL

If any of the following symptoms occur: REDNESS AROUND THE INCISION(S), DRAINAGE, SEVERE PAIN, FEVER OVER 101 °, PERSISTENT NAUSEA AND VOMITING, RASH OR ANY CONCERNS ABOUT YOUR RECOVERY.

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency, please go to your nearest emergency facility.

WHO TO CALL

Dr. _____

Phone: _____

After Hours Phone: _____

Aspirus Day Surgery Plus - Phone: 847-2907

Open 6:00 am - 7:00 pm (Monday - Friday)

I have discussed the above information with a nurse and my questions have been answered to my satisfaction.

Patient or Responsible Party Signature

Date/Time

RN Signature

Date/Time