



*After general anesthesia, Intravenous sedation or certain nerve blocks, judgment and/or motor functions may be impaired for up to 24 hours and possibly longer.*

1. You must be accompanied by a responsible adult upon discharge and for 24 hours.
2. **Do not drive** a motor vehicle, operate complicated machinery, drink alcohol, smoke, or make critical decisions for 24 hours.
3. Be aware of dizziness, which may cause a fall. Change positions slowly. Stand beside the bed for a moment before walking. If you are nauseated or dizzy, you should not get up. Walk slowly. Do not try to stand for a prolonged period today.
4. **Do not** wear any jewelry on fingers and toes for the next 48-72 hours due to a tendency of extremities to be swollen; jewelry will be difficult to remove.
5. **Urinating:** Notify your surgeon if you have not urinated within 12 hours after discharge.
6. **Diet:** We suggest you return to your normal diet slowly. Begin by drinking liquids such as cola, 7-up, tea, ginger ale, or apple juice. Progress your diet to foods that are not spicy and then to your regular diet as tolerated.
7. **Medications:**
  - a. Prescription given; Instructions on prescription reviewed with:  
*Patient/Spouse/Significant Other*
8. **Surgery Site: You can expect:**
  - a. **No drainage / small amount / moderate amount / large amount** of drainage from the surgical site.
  - b. Call your doctor if the dressing continues to have a large amount of drainage on it.
  - c. If the dressing gets wet. Take the wet dressing off and replace it with a dry dressing.
  - d. If your dressing feels too tight and is causing discomfort/pain, please call your physician for further instruction.
  - e. May shower in \_\_\_\_\_ days.
  - f. **Do not remove dressing.** Reinforce dressing only.
  - g. You can remove your dressing in \_\_\_\_\_ days, and apply band-aid(s)
  - h. Apply *ice pack / ice unit* to operative site for 2-4 day.
9. **Activity:**

<b>Upper Extremity Surgery</b> <ul style="list-style-type: none"><li>- No Lifting</li><li>- Use arm sling / shoulder immobilizer</li><li>- Elevate extremity with pillows -</li></ul>	<b>Lower Extremity Surgery</b> <ul style="list-style-type: none"><li>- Crutches: non-weight bearing Partial weight bearing / for comfort</li><li>- Elevate extremity with pillows</li></ul>
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**10. YOU SHOULD CALL YOUR PHYSICIAN FOR ANY OF THE FOLLOWING:**

- a. Temperature greater than 101o F.
- b. Tenderness, swelling, calf pain, discoloration of lower extremities.
- c. Unexplained shortness of breath, chest pain or palpitations, anxiety and/or sweating, coughing up blood.
- d. Sudden pain that does not lessen with pain medication.
- e. Cloudy or foul-smelling drainage from surgery site.
- f. Redness, warmth and firmness around surgical site.
- g. Persistent nausea and vomiting for longer than 4 hours.
- h. Bleeding or continuous oozing that saturates the dressing and that does not stop after applying pressure to the incision for 10 minutes.
- i. Increased swelling of fingers or toes, severe tightness not relieved with elevation of limb above the level of your heart
- j. Increased numbness or tingling.
- k. Pale, blue, cold, finger(s) or toe(s), nail beds (compared to opposite side).

11. A Follow-Up Appointment with Dr. \_\_\_\_\_  
Scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_AM/PM

Additional Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please call for and questions and/or concerns**  
24 Hour Physician's Telephone Number (949) 988-7800  
DISC Surgery Center at Newport Beach Telephone Number (949) 988-7888

***I have received, read, understood, and accepted the personal responsibilities with the above post-operative discharge instructions.***

_____	_____
PATIENT SIGNATURE/RESPONSIBLE PARTY & RELATION	DATE/TIME
_____	_____
NURSE'S SIGNATURE	DATE/TIME