

Capital City Surgery Center

23 Sunnybrook Road, Ste 100, Raleigh, NC 27610

POST-OPERATIVE DISCHARGE INSTRUCTIONS

ANESTHESIA: (check box)

Type of anesthesia: General Anesthesia Sedation Regional/Block Local Other: _____

The subtle effects of general anesthesia or sedation with regional/local anesthesia can last more than 24 hours, you should have a responsible adult stay with you today. Rest for the remainder of the day. Although you may feel normal, your reflexes and mental ability may be impaired. You may feel dizzy, lightheaded or sleepy for 24 hours or longer. **Do not consume alcohol, drive, operate machinery or make important personal or business decisions for 24 hours.** After a general anesthetic, it is normal to feel generalized aching and sore muscles for 24 hours. A sore throat may occur.

DIET:

Drink plenty of fluids and progress to your normal diet as tolerated unless otherwise instructed by your doctor.

MEDICATIONS:

Mild aches and pains are not unusual, take your pain medication as directed

Your doctor may give you a prescription for other medications. If you have any reactions such as severe nausea, vomiting and/or skin rash, stop taking the medication and call your doctor. See medication reconciliation form.

- You may resume your regular medication schedule.
- Your prescription(s) has/have been given to you has/have been called to:
- Use your medications as directed.

CALL

DR. _____ at # _____ if you have:

- Fever over 101°
- Signs of infection
- Continued nausea/vomiting
- Unexpected reaction to medication
- Excessive pain or swelling
- Excessive drainage or bleeding

If an emergency arises and you are unable to reach your physician - Go to the nearest emergency room or call 911.

OPERATIVE SITE: (check box)

Keep your dressing dry/intact May remove dressing on _____ (if there are tapes under the dressing, leave in place until they fall off) May shower or bathe on _____

Additional Instructions: _____

Patient has been instructed on all devices prior to discharge.

FOLLOW-UP CARE:

Your physician wants to see you on _____. Call his/her office for an appointment, if not already arranged. If you have any questions or concerns, do not hesitate to call us or your physician.

Procedure specific instructions given to patient for: _____

I have received and understand the above instructions and have received the medication list.

Patient / Responsible Party Signature

Date

Nurse Signature

Date

Capital City Surgery is NOT an emergency facility
In case of emergency please call 911.