

SILICON VALLEY SURGERY CENTER

DISCHARGE INSTRUCTIONS FOR PAIN MANAGEMENT PATIENTS

If your surgeon's instructions vary from these instructions, please follow your physician's instructions.

You may experience lightheadedness, dizziness and sleepiness due to your anesthesia. Therefore, a responsible person **must** drive you home and stay with you overnight.

For the next 12 hours:

- Do not drive a car, operate machinery or power tools.
- Do not drink alcoholic beverages of any kind, including beer and wine.
- Do not sign any important papers or make important decisions.
- If possible, arrange care for dependent adults or children.

ACTIVITY

- Rest at home today; increase activity gradually.
- When you change position, move slowly to minimize any dizziness, nausea or vomiting.
- Have a responsible person with you the first few times you get up.

DIET

- Drink plenty of fluids.
- Food as tolerated. Begin with a light meal and progress to more substantial food later in the day.

MEDICATIONS

- Follow your doctor's instructions for medications.

FOLLOW-UP APPOINTMENT

- Contact your surgeon for a follow-up appointment in ____ week(s), if one has not yet been scheduled.

Physician: _____ Phone No.: _____

Contact your surgeon (or his/her associate) promptly if any of the following occur:

- Temperature above 101 degrees F.
- Persistent nausea or vomiting (greater than 24 hours)
- Persistent headache
- Dizziness while standing.
- Loss of bowel or bladder control.
- Prolonged weakness or sensory loss in the affected extremity.
- Worsened pain for more than three days after the procedure.

If you are unable to reach your surgeon go to the nearest Emergency Department or call 911 in an acute emergency including but not limited to the following:

- Difficulty breathing
- Decreasing level of responsiveness or consciousness.

The beneficial effects of nerve blocks may take several days to be apparent. Nerve blocks may not relieve all the pain and a temporary increase in pain may occur. Repeat injections may be necessary as determined by your physician on your follow-up appointment.

The above instructions have been reviewed with me. I understand they are for my benefit.

Patient's Signature

Date and Time

Discharge Instructions given by:

Nurse's Signature

Date and Time

Responsible Adult's Signature

Date and Time