

# SILICON VALLEY SURGERY CENTER

## DISCHARGE INSTRUCTIONS FOLLOWING ANESTHESIA

If your surgeon's instructions vary from these instructions, please follow your surgeon'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 24 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

- Start with clear liquids (7-Up, broth, jello, apple or cranberry juice) and progress as tolerated to a light meal (soup, toast, cereal, etc.) and progress to more substantial food later in the day.
- Avoid highly spiced or greasy foods.
- You should be able to resume your normal diet after 24 hours.

### MEDICATIONS

- Follow your doctor's instructions for medications.

### DRESSINGS

- Keep dressings dry, clean and in place until instructed by your surgeon to remove them.

### FOLLOW-UP APPOINTMENT

- Contact your surgeon for a follow-up appointment, if one has not yet been scheduled.

Surgeon: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

- Bright red or persistent bleeding or swelling.
- Persistent nausea or vomiting (greater than 24 hours)
- Unrelieved pain
- Temperature above 101 degrees F.
- Redness around the incision.
- If your surgery was on an extremity, any change in color, mobility, feeling or temperature of fingers & toes.

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.

Copy of printed instructions from M.D. given to patient  Yes  No

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