



## Silicon Valley Surgery Center

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## Bascom Surgery Center

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# DISCHARGE INSTRUCTIONS FOLLOWING ANESTHESIA

If your physician'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 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 physician's instructions for medications.

### DRESSINGS

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

### FOLLOW-UP APPOINTMENT

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

Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contact your physician (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 and toes

If you are unable to reach your physician, go to the nearest Emergency Department or call 911 in an acute emergency including but limited to the following:

- Difficulty breathing
- Decreasing level of responsiveness or consciousness

Copy of printed instructions from physician 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