

GENERAL INSTRUCTIONS AFTER SURGERY

The following instructions are designed to help our patients understand what to expect after surgery (like normal bruising and swelling) and to allow identification of potential problems. Please remember when taking care of yourself or a loved-one after surgery, use common sense. If you have any questions or concerns, please do not hesitate to contact us at (216) 514-8899. You will be asked to return this signed form prior to surgery.

_____ **Emergencies.** For “severe” emergencies, call 9-1-1 for an ambulance. Such emergencies would include chest pain, shortness of breath (difficulty breathing), loss of consciousness, significant bleeding, and severe pain. Call Dr. Goldman as soon as you are safely able to do so after calling 9-1-1.

_____ **Problems or concerns that don’t seem like emergencies.** Most postoperative problems are not so severe as to require calling 9-1-1. In general, call for fever, redness/swelling/tenderness at the surgical site, excess bleeding, cough or shortness of breath, dizziness or light headedness (especially upon standing), excess nausea, or anything that seems unusual, unexpected, or worrisome. Use common sense, if you think something is wrong, call.

_____ **To reach Dr. Goldman,** call the office at (216) 514-8899. During work days, the staff will assist you. At night or on weekends or holidays, press the # key (as instructed by our voicemail system) to reach the answering service at University Hospitals. Have them call Dr. Goldman. If you don’t hear from Dr. Goldman within 10 minutes, you may call back and ask them to call again.

_____ **Restrictions. In general, there are a few simple restrictions after surgery:**

- Take no aspirin, no NSAIDS (no Motrin, Advil, Aleve, Naprosyn, etc.).
- Take no herbal supplement or homeopathic remedies without asking our office first.
- Light activity is good, but no heavy lifting or straining.
- No showering for 48 hours, unless otherwise instructed. No tub baths or swimming until specifically cleared by Dr. Goldman on follow-up.
- No smoking.
- Light activity is good; patients who stay in bed for a prolonged period of time are at more risk for blood clots and pneumonia. The night after surgery, patients should be out of bed intermittently, walking with a family member’s assistance to go to the bathroom, move from chair to bed, or move from room to room. Use common sense – do not force someone who is light-headed to stand and risk fainting or a fall. On the other hand, getting out of bed at least 4 times a day after surgery minimizes the risk of clots and pneumonia, probably help reduce pain by stretching muscles, and reduces constipation. Most patients are able to move up and down stairs with help soon after surgery.
- No driving until the patient has discontinued narcotics and can move quickly to turn the steering wheel or hit the brakes. Again, use common sense. Patients who still have a lot of pain should not drive.

_____ **Flying.** Patients should clarify when it is safe to fly with Dr. Goldman based on their individual situation. It is generally safe to fly about a week after surgery.

_____ **Nausea.** Nausea is common for a day or so after surgery. If it persists into the first postoperative day or if it is severe, call Dr. Goldman. Anesthesia is the most common cause on the evening after surgery. Narcotics (pain medicine) are the most common cause after the first day or so. Sometimes narcotics need to be discontinued, and patients are placed on Tylenol alone to minimize nausea. Constipation can also contribute to nausea.

_____ **Constipation and urinary retention.** These are common after surgery and are mainly due to narcotics. Miralax™ is very effective for mild constipation. It is available without a prescription and may even be started prior to surgery to minimize the risk of constipation. Discontinue narcotics (use Tylenol alone), and call Dr. Goldman if constipation persists. The longer it persists, the harder it is to treat.

_____ **Bleeding.** Most incisions will ooze a small amount of blood in scattered areas for 2-3 days after surgery. If the bleeding is more rapid or does not stop, call Dr. Goldman. If bleeding is severe, hold direct pressure on the specific area that is bleeding, call 9-1-1, then notify Dr. Goldman. If the surgical site has excess pain, bruising, or is swollen or tight, this may also indicate bleeding. If you have a surgical drain, dark purple output and high output volumes may also indicate bleeding. It is common for patients to feel a little light-headed after surgery, especially in the first day or two postoperatively. However, if bleeding is associated with increasing light-headedness, dizziness, lethargy, or pallor (whitening of the skin), this is concerning for blood loss and Dr. Goldman (or 9-1-1) should be called.

_____ **Fever.** You should notify Dr. Goldman for any fever over 100°F. The most common cause of low grade fevers (up to about 101°F) is atelectasis, which is collapse of the little air-sacs in the lungs. This is caused by shallow breathing and inactivity, so deep breathing exercises and walking after surgery will reduce this risk. Higher fevers are concerning for infection. Pneumonia, urinary tract infections, and wound infections are all possible after surgery, so call for fever, especially associated with cough, burning on urination, or redness, pain, and swelling at the incision or surgical site.

_____ **Infection.** The classic signs of a wound infection are fever, redness, swelling, pain and drainage (that looks like pus) coming from an incision or around the incision. After surgery, most incisions will have some tenderness, swelling, and discoloration, so it may be hard to tell if there is a problem. Use common sense, if you are worried, please call our office. In general, infection will cause the incision or surgical site to look worse over time. Also, if the patient feels sick, even without a fever, this is concerning and you should call our office.

_____ **Allergies.** Rash (especially hives) and itching are the hallmarks of an allergic reaction. Patients can develop allergies to medications that they have previously had without problems. If this occurs, the medication must be discontinued immediately. Nausea and vomiting do not represent a medication allergy. An **anaphylactic** reaction is a severe allergic reaction that can cause swelling of the voice-box and airway. If a patient develops rash (especially hives) associated with difficulty breathing, talking, itchiness of the throat, or facial swelling, anaphylaxis must be ruled out; this is an emergency that necessitates calling 9-1-1. **Contact dermatitis** is a common reaction to antibiotic ointment or other topical creams. This is characterized by an itchy, red rash with many small bumps (vesicles) that is typically found wherever the ointment is being used. Rash is not usually seen elsewhere on the body. Please call if you are concerned about any of these issues.

_____ **Other problems.** Again, use common sense. Chest pain, shortness of breath, lethargy, or other problems should not be ignored. Call Dr. Goldman (or 9-1-1, if severe).

_____ **Exercise.** Generally, patients may engage in light exercise, light walking within less than a week postoperative, depending on the procedure. Strenuous activity like weight lifting or jogging should be avoided for at least 2 weeks. However, light activity may progress when safe. Exercise bicycles are good initially because falling is not a risk and light activity may be easily progressed. Use common sense – for instance, do not go for a long walk alone, without a cell phone early after surgery.

_____ **Tylenol™ dosing.** The maximum dose of Tylenol™ (acetaminophen) is 650 mg every 4 hours. Most narcotics also contain Tylenol™ (typically 325mg in each tablet). You will be given either a Percocet™ or Norco™ prescription and the prescription label should list the amount of acetaminophen in each tablet. Patients can take over-the-counter acetaminophen to supplement the narcotics as long as no more than 650 mg of Tylenol™ is taken every 4 hours. Regular, over-the-counter acetaminophen tablets usually contain 325 mg; extra strength Tylenol™ usually contain 500 mg. So patients can usually take:

- 2 Percocet™/Norco™ tablets **OR** 1 Percocet™/Norco™ + one 325 mg regular Tylenol™ tablet

Every 4 hours without exceeding the 650 mg of acetaminophen every 4 hours dose limit. Do not take more than 3000mg of acetaminophen in any 24 hour period of time. Do the math; use common sense; call if you are not sure.

Reviewed with Patient:

Printed Name:

Date:

Signature:

Printed Name:

Date: