



PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

## DOWNTIME POSTOPERATIVE / POST PROCEDURE DISCHARGE INSTRUCTIONS

- ☐ Do not drive a car or operate machinery for 24 hours or while taking narcotic pain medicines.
- ☐ Do not drink alcoholic beverages or make any personal or business decisions for 24 hours or while taking narcotic pain medicines
- ☐ You may feel dizzy or lightheaded for 24 hours. Restrict your activity as necessary.
- ☐ You received the following anesthesia during your surgery:  
 \_\_\_\_\_General    \_\_\_\_\_Spinal/Epidural    \_\_\_\_\_Monitored Sedation/Local    \_\_\_\_\_Regional (Nerve Block)
- ☐ After a general anesthetic it is not unusual to experience nausea, sore throat, thirst, sleepiness and memory lapses. Small children may have bad dreams or return to behaviors that were normal at an earlier age, e.g. thumb sucking, forgetting toilet training, and generally acting more "needy".
- ☐ After a regional anesthetic the affected arm(s) or leg(s) may still be slightly numb and weak. Be sure to protect it because you could injure yourself without realizing it. Be careful around hot stoves, cigarettes, etc. A sling for your arm may be helpful. **DO NOT DRIVE** while your arm or leg is still numb or weak.
- ☐ After a spinal/epidural anesthetic, your legs may still be slightly numb and weak. Restrict your activity as necessary. **DO NOT DRIVE** while your legs are still numb or weak. Notify your physician if you have not been able to urinate within 8 hours of your anesthetic. It is also not uncommon to experience temporary urinary incontinence. It should resolve on its own within 8 hours.
- ☐ Always wash your hands before and after caring for any wound.
- ☐ **Please read postoperative/post procedure instruction sheet(s):**

- ☐ Additional discharge instructions: \_\_\_\_\_Yes    \_\_\_\_\_No    If yes, list: \_\_\_\_\_

- ☐ Take home prescriptions: \_\_\_\_\_Yes    \_\_\_\_\_No    If yes, list: \_\_\_\_\_

- ☐ **Return appointment:**  
 Please call (434) \_\_\_\_\_ to make your follow up appointment with Dr. \_\_\_\_\_ to be seen on (date) \_\_\_\_\_ at (location) \_\_\_\_\_.  
**For appointments already scheduled:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
- ☐ May we make a post-operative phone call? \_\_\_\_\_Yes \_\_\_\_\_No    May we leave a message? \_\_\_\_\_Yes \_\_\_\_\_No  
 If Yes, phone number where you can be reached \_\_\_\_\_

UVA Outpatient Surgery Center: 1-888-882-4635 or 434-982-3107

UVA Toll Free Number: 1-800-251-3627

In-Hospital Surgical Admissions Suite 434-924-5455

I have received and understand the above information and my personal belongings have been returned:

Patient's/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If you experience post-operative surgery problems after discharge from the surgery center or the hospital, such as excessive bleeding, please contact your surgeon. In the case of an emergency, please go to the nearest emergency room.