



AMBULATORY SURGERY CENTER OF STOCKTON

2388 N. California Street
Stockton, CA 95204
209-944-9100 • Fax 209-944-9307

Discharge Instructions

Date: 9/22/08 Procedure: Right knee arthroscopy + meniscus repair

Plan to rest and relax this evening after your operation. Even after minor surgery you may feel drowsy or tired for a number of hours. You may also have a sore throat and muscle aches. Do not drink alcohol after anesthesia or while taking pain medication. You should not drive a car or operate heavy machinery until your doctor says it is safe. Do not make any major decision, sign contracts, etc. for 24 to 48 hours.

- ACTIVITY:**
- Exercises: Knee: Do 10 straight leg raises, heel slides, quadricep sets and ankle pumps _____ x's a day, starting _____
 - Exercises: Shoulder: Do 10 pendulum exercises, backward and forward _____ x's a day, starting _____
 - Head of bed elevated to 30°
 - Resume your casual activities
 - Rest today, tomorrow you may resume your usual activities with limitations to operative site.
 - Two pillows under knees
 - Weight bearing as tolerated Touch toe weight bearing Non weight bearing
 - Other: _____

- DIET:**
- Pain meds may cause constipation, increase fluids and foods rich in fiber to prevent this.
 - Resume your usual diet
 - Start with clear liquids, such as soft drinks, tea, apple juice, then advance to soup and crackers. Gradually work up to solid foods
 - Other: _____

- MEDICATIONS:**
- Prescription given @ ASCS _____
 - Resume home medications
 - Prescription already given to patient: at home
 - Over-the-counter medications: _____

- DRESSINGS/DRAINS:**
- Keep your dressing clean and dry until you see your doctor
 - Remove your dressing after 3 hours/days
 - Use an ice bag over your incision site for 20 minutes, every hour while awake. Keep a washcloth between ice bag and cast/bandage to keep it dry. Ice man cold therapy at least 8 hours daily.
 - Empty drain _____ times a day and record drainage
 - Other: _____

- SURGERY TO A LIMB:**
- Keep limb elevated on 2-3 pillows so that it is above the level of your heart for _____ hours/days
 - Wiggle fingers or toes of affected limb
 - Other: _____

- SPECIAL INSTRUCTIONS:**
- You may take a bath/shower after tomorrow
 - You may drive after _____
 - Call your doctor if unable to urinate by 6-8 hours after surgery _____
 - Special GYN instructions: _____
 - Return to Ambulatory Surgery Center in _____ days before 3 pm for painbuster removal.
 - Other: _____

- FOLLOW YOUR DOCTOR'S PRINTED INSTRUCTION SHEET AND CALL YOUR DOCTOR IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS:**
- | | |
|---|--|
| <input type="checkbox"/> Fever of 101-degrees or higher | <input checked="" type="checkbox"/> Bleeding or continuous oozing that saturates the bandage and does not stop after applying pressure for 10 minutes. (This doesn't apply to nasal surgery) |
| <input type="checkbox"/> Redness, warmth around incision | <input checked="" type="checkbox"/> Pale, blue or cold fingers/toes/nail beds (compared to opposite side) |
| <input type="checkbox"/> Persistent nausea/vomiting into the next day | <input checked="" type="checkbox"/> Increased shortness of breath or chest pains <u>9/11</u> |
| <input type="checkbox"/> Increased swelling of fingers or toes, or severe tightness of bandage, not relieved by elevation of the limb above the level of your heart | <input type="checkbox"/> If pain medicine ineffective |
| <input type="checkbox"/> Increased numbness or tingling | |
| <input type="checkbox"/> Cloudy or foul smelling drainage from cast/incision | |

OFFICE PHONE#: 948-3333 AFTER HOURS PHONE#: _____

Remember to see Doctor Mulota on Wed Oct 1st and/or call his office to schedule an appointment.

- Food - Drug interactions discussed
- Parents were informed of Car Seat Safety Act (SB-1073)

Signature of Patient or Representative

S. Groopie RN
Signature of Person Giving Pre Instructions

Relationship to Patient

Signature of Person Giving Post Instructions