



AMBULATORY SURGERY CENTER OF STOCKTON

2388 N. California Street

Stockton, CA 95204

209-944-9100 • Fax 209-944-9307

Discharge Instructions

Date: 11/28/11 Procedure: knee arthroscopy

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 3 x's a day, starting tomorrow
- ☐ 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
- ☐ Cough, breathe deeply and walk around the house every couple of hours while awake.
- ☐ 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

MEDICATIONS:

- ☐ Prescriptions called to _____
- ☐ Prescription given @ ASCS _____
- ☐ Resume home medications
- ☒ Prescription already given to patient: _____

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 72 hours/days
- ☐ Wiggle fingers or toes of affected limb
- ☐ Other: _____

SPECIAL INSTRUCTIONS:

- ☒ You may take a bath/shower after tomorrow cover with plastic
- ☐ You may drive after _____
- ☐ Call your doctor if unable to urinate by 6-8 hours after surgery _____
- ☐ Other: _____

FOLLOW YOUR DOCTOR'S PRINTED INSTRUCTION SHEET AND CALL YOUR DOCTOR IF YOU EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Fever of 101-degrees or higher | <input 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 checked="" 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 type="checkbox"/> Increased shortness of breath or chest pains |
| <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 checked="" type="checkbox"/> If pain medicine ineffective |
| <input type="checkbox"/> Increased numbness or tingling | |
| <input checked="" type="checkbox"/> Cloudy or foul smelling drainage from cast/incision | |

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

Remember to see Doctor Murata on _____ and/or call his office to schedule an appointment.

[Signature]
Signature of Patient or Representative

Relationship to Patient

[Signature]
Signature of Person Giving Pre Instructions

[Signature]
Signature of Person Giving Post Instructions