

Post-Operative Instructions for Surgery

How will I care for my incision(s)?

- Tegaderm (clear plastic) and gauze may be removed 48 hours after surgery. You do not need to replace these unless specifically directed to do so.
- If you have Steri-Strips (sticky strips of tape) over your incision, leave these in place until they fall off on their own. You may remove them 2-3 weeks after surgery if they are still on the skin.
- If you have a skin glue closure (Dermabond), you may notice tiny pieces of light purple material on your washcloth. This is normal.
- If your incision was closed with staples, leave them in place. They will be removed by your home care nurse or in the office during a follow up visit. They are usually removed 1-3 weeks after surgery.

- You may shower 48 hrs after surgery and wash gently over your incision, but avoid soaking your incision under water (baths, hot tubs, ocean, and swimming pools) until the incision is fully healed, usually about 2-3 weeks.
- You can gently wash your incision with soap and water. Pat dry using a clean towel.
- Your incision or wound may be sensitive, so wearing loose clothing may feel more comfortable.
- Do not apply ointments or powders to your incision or wound unless your surgeons asks you to do so.
- Do not smoke. Smoking inhibits wound healing and adversely affects all bodily systems.

How will I manage my pain at home?

- You will achieve the best pain control if you take your pain medication regularly at the prescribed intervals (usually every 4 or 6 hours) to prevent pain build up. As you recover, you should reduce the amount of pain medication you take. Taper any narcotic medications first.
- NSAIDS (nonsteroidal anti-inflammatory drugs) like ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve) or acetaminophen (Tylenol) taken every 6 hours are effective in reducing pain and inflammation and reduce the need for stronger narcotic medications. Some potential side effects of NSAIDs are stomach upset, bleeding in the stomach or intestines, and fluid retention. Taking these medications with food may help with stomach upset. Be especially careful with these medications if you take Plavix or Coumadin or other blood thinning medicine.
- Stronger pain medications or narcotics (like Norco or Oxycodone) may be prescribed as well. Some side effects of narcotic or opioid pain medications include sleepiness, lowered blood pressure, lowered heart rate and breathing rate, skin rash and itching, constipation, nausea and difficulty urinating.
- Do not drive or drink alcohol while taking narcotic pain medications.
- Narcotic medications may cause constipation. Stool softeners (Colace or Docusate), eating a high fiber diet or using Metamucil, and drinking extra fluid can help. A stimulant laxative (Milk of Magnesia, Senokot) may be needed as well. Foods high in fiber include beans, bran cereals, whole grain breads, fruits and vegetables.
- Many combination pain medications, such as Norco or Percocet, contain Tylenol (Acetaminophen). To prevent Tylenol overdose, DO NOT take Tylenol at the same time as a combination narcotic that contains Tylenol.

Your follow-up visit:

- Please call the office at 831-464-9962 to make an appointment. Plan on scheduling the visit about 2 weeks after your surgery.

What can I do at home? What are my restrictions?

- You may walk and climb stairs as often as possible, listen to your body to know when to stop. Gradually increase length and distance.
- It is normal to feel tired. Daily rest periods may be needed and you may need more sleep than usual.
- Do not participate in strenuous physical activity, lift/push/or pull over 20 lbs for 4 weeks.
- Avoid any repeated activity that makes you tense or strain your abdominal muscles.

What can I eat?

- Your appetite may be decreased at first, but it will improve as the anesthesia wears off, and as you recover
- Begin with liquids like water, soups, and juices. Advance your diet slowly as tolerated.

Can I resume my previous medications?

- Yes, unless directed not to by your doctor. Generally, aspirin should be held for 2-3 days unless otherwise directed.
- You will receive a list of medications to take at home at the time of your discharge. If you have any questions about additions or omissions, please ask.

How do I care for my drain? (If I have one)

- Before discharge the nursing staff will teach you how to empty and care for the bulb.
- Please record daily drainage volume output. Bring this record to your follow-up visit.

When should I call my surgeon?

- A fever greater than 101.5 F (38.6 C).
- Increasing pain that does not go away.
- Nausea or vomiting that does not go away.
- An inability to have a bowel movement over 3 days.
- Any redness, swelling, bleeding, or foul smelling drainage from your incision/wound.
- Calf pain or swelling.
- Inability to urinate.