



Paula R. Dhanda, MD, FACOG, FACS

5685 Main Street, Kelseyville, CA 95451

www.dr-specialtycare.com

707.279.8731 Fax

707.279.8733

POST-OPERATIVE

PATIENT INSTRUCTIONS

MAJOR SURGERY

GENERAL: Check temperature orally twice a day for two weeks after surgery. Call if temperature exceeds 101^o F

ACTIVITY: Limit physical activity to home and yard for at least 2 weeks after surgery. Take long rest periods daily. Avoid strenuous activity and do not do any lifting until your return visit. You may climb stairs slowly. You may walk or ride in a car when you feel ready but **NO** driving until your doctor authorizes this (usually 2 weeks.)

WORK: You may return to work or school when your doctor authorizes this (usually 6 weeks.) You may initially feel more tired at home than you were in the hospital because you will probably be more active.

DIET: Eat regularly 3 times a day. Eat foods high in protein to help healing. Such foods are meat, fish, eggs, dairy products, beans and whole grains. Drink plenty of fluids, especially juices, and eat bran, vegetables and fruits. If constipation and gas are a problem, you may take Metamucil, 1 tablespoon twice a day or Milk of Magnesia, 2 tablespoons twice a day.

SEX: No sexual activity, tub baths or swimming until after your follow-up visit at 6 weeks. Do not douche or use tampons. Use perineal pads only for any vaginal discharge which may last for 2 weeks. Call if heavy bleeding occurs (heavier than a period.)

WOUND CARE: If you have an incision on the abdomen, clean it with soap and water. If you have paper tapes securing your incision, they may come off by themselves. If they are still in place at 2 weeks you may remove them. Only showers should be taken for 6 weeks.

WARNING SIGNS: If you develop swelling, tenderness or redness at the incision, a foul discharge, severe pain, bleeding heavier than a period, chest or leg pain, difficulty breathing or a temperature greater than 101^o F, please call the office. Call for any problems, concerns or questions.

FOLLOW-UP VISIT: Date: _____ Time: _____

OR: Call for appointment in 1- 2 weeks

MEDICATIONS: You should resume your usual medications. Take Tylenol, Aleve or Advil for pain. You may be provided with additional prescriptions, and these should be taken as directed on the bottle.

PRESCRIPTIONS: _____

I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE ABOVE INSTRUCTIONS

Patient Signature: _____ Date: _____

Witness: _____ Time: _____