

**WEST CENTRAL SURGICAL CENTER- BAYSIDE**  
**POSTOPERATIVE ORDERS**

**Instructions To Be Followed:**

1. Restrict activities today-Rest
2. Do daily activities
3. Avoid Stairs and participation in strenuous activities
4. Return to regular preoperative activities in the A.M.
5. Do not lift objects heavier than 5 pounds
6. No alcohol consumption for the next 8 hours
7. No driving the next 8 hours, 24 hours if you had IV Sedation.

**Driver's Name: Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Okay to discuss medical information:** \_\_\_\_\_

8. This driver or other adult will be at home to care for patient for 24 hours following procedure.

**Other Adult [if applicable]:** \_\_\_\_\_ **Patient Initials:** \_\_\_\_\_

9. You may continue medications.
10. Increase your fluids for the first 48 hours
11. On the first day, apply ice to the surgical site for 20 minutes at a time, 4 times per day
12. On the second day, you may apply heat to the surgical site for 20 minutes at a time, 4 times per day
13. Remove bandage 4 hours after procedure

**Specific Problems to watch for and REPORT TO YOUR DOCTOR**

1. Numbness, weakness, tingling of the affected extremity
2. Elevated temperature – greater than 101
3. Persistent bleeding from the injections site
4. Persistent headache not relieved with pain medication
5. Increasing pain

*For emergencies during or after regular business hours, contact the West Central Surgical Center physician on call at: **419-843-1370***

***For Pain Result call 419-843-1370 Ext 102***

I have read the above instructions and agree to follow them until my next scheduled appointment.

**Patient Signature:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_

**Patient is on anticoagulant: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Stop your anticoagulant** \_\_\_\_\_ **days before your next procedure.**

**Restart your anticoagulant on** \_\_\_\_\_ **unless otherwise instructed by physician**

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**Patient is Diabetic: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **Blood Sugar Reading** \_\_\_\_\_ **Bring glucometer to appointment.**

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**Patient is allergic to Iodine or IVP Dye: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **If yes, Allergy Protocol:** \_\_\_\_\_

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**Return Appointment Information: 1 week** \_\_\_\_\_ **2 weeks** \_\_\_\_\_ **3 weeks** \_\_\_\_\_ **1 month** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Next Procedure: LESI/CESI** \_\_\_\_\_ **RFA** \_\_\_\_\_ **TF** \_\_\_\_\_ **Sympathetic Nerve Block** \_\_\_\_\_

**Stellate Ganglion NB** \_\_\_\_\_ **Other** \_\_\_\_\_

**YOUR NEXT APPOINTMENT IS ON:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **am/pm**

**PLEASE ARRIVE AT:** \_\_\_\_\_ **am/pm. No smoking 6 hours prior to appointment.**

\_\_\_\_\_ **Nothing by mouth including food, drink, candy or gum 2 hrs before your appointment**

\_\_\_\_\_ **Nothing by mouth including food, drink, candy or gum 6 hrs before your appointment if you ARE having IV sedation**

**Follow-up:** \_\_\_\_\_

**PACU Signature:** \_\_\_\_\_