

**WESTERN AVENUE  
DAY SURGERY CENTER**  
Plastic, Reconstructive and Cosmetic Surgery  
Surgery of the Hand  
244 WESTERN AVENUE  
SOUTH PORTLAND, MAINE 04106-2496  
TEL. 207.775-3446 FAX 207.879.1646

**Postoperative Instructions  
for  
ANESTHESIA CARE**

**General Anesthesia (going to sleep):**

Anesthetic drugs may include powerful sedatives which affect judgment and reaction time, even after you are discharged. These instructions must be followed to decrease the potential for injury to yourself or others:

- No driving: cars, motorcycles, bikes, any vehicle until permitted by physician.
- No alcohol.
- Do not attempt tasks that are hazardous, that require expert or critical judgment, or that would jeopardize the safety of others.
- Do not take other sedative drugs unless specifically prescribed.
- Eat light meals (soda, crackers, toast, soup) the day of surgery. You may gradually resume your usual diet the day after surgery, if you are feeling all right. Persistent nausea and vomiting should be reported to your doctor.
- Do not attempt tasks which involve public safety.
- Should have a responsible adult with patient for the next 24 hours.

**Regional Anesthesia (for example, Arm Block):**

Anesthesia or numbness may persist for some time. Special care should be taken to avoid injury, particularly burns, cuts, or bruises.

**Time Limit**

These restrictions apply, at minimum, until the next morning. In some cases the after effects of anesthesia and surgery may last several days, in which case these restrictions should be extended until you feel fully recovered.

**Emergencies and Questions**

Any questions, concerns, reactions or problems should be directed to the on-call physician for Plastic and Hand who can be contacted 24 hours a day at (207)775-3446. In the event of an emergency, call the Maine Medical Center Emergency Room at 871-2381, or call the emergency room of your local hospital.

**Special Instructions**

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I have received the above instructions. Signature *X* \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_