

# 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

## GENERAL INSTRUCTIONS After Your Operation

### **ACTIVITY:**

- Gear your activity to your comfort level. Start out slowly, and advance activity reasonably.
- Other: \_\_\_\_\_

### **MEDICATION & COMFORT:**

- **Take pain medications with food**, following instructions on bottle. For the first day or two, have someone else give you medication according to correct time intervals, as you might forget and take it too often. **No alcohol** while on pain medication. Pain medication may cause drowsiness and constipation.
- Please remember that refills will only be considered during office hours, 9am to 5pm, Monday through Friday. If you feel you need more pain medicine, please call during these times.

### **THERAPY:**

- Keep original bandage on until you return to your physician.
- Outer dressing can be removed in \_\_\_\_\_ days.
- Apply Polysporin™ to incision 2-3 times a day.
- Excessive motion of the area promotes spread of the scar. It is advisable to keep the area quiet for 1 to 2 weeks.
- Elevation will minimize pain by keeping swelling down as well as promoting circulation.
- No bending from the waist and no heavy lifting.
- Keep dry for \_\_\_\_\_ days.
- Extra Strength Tylenol™ for pain.
- Graft Site Care: If dressing comes off, apply a clean dry gauze. Secure with tape.
- No driving until permitted by physician.

Call the office (775-3446) if you have:

- fever or chills.
- severe pain not responding to medication.
- swelling not responding to elevation.
- any other question or problem.

### **OTHER:**

- No smoking for at least 48 hours after surgery, to prevent possible bleeding and delayed healing.
- Avoid prolonged exposure to the sun while incisions are red. Prolonged sun exposure may permanently discolor scars.
- As the local anesthesia wears off, you may have an increase in drainage. Applying continuous, gentle pressure to site for 10 minutes should stop bleeding.

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

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

Next appointment:

Pain medication:

Next dose due: