

Discharge Instructions for Wound Debridement

Home Care

Pain Control:

___ Prescription e-prescribed/sent to your pharmacy, or;

___ Handwritten prescription(s); you must take to the pharmacy

- Medication(s) last given @ the surgical center: _____
- Next dose of medication(s) to be given @ home: _____

Use the checked pain relievers below as directed by your doctor:

- _____ 1-2 tablets every 4-6 hours ****This medication is a narcotic and anyone taking a narcotic should not drive or operate any machinery. Narcotic medication may also constipate you. See below for recommendations to avoid constipation. Other side effects are possible-ask your pharmacist for more information.**
- Valium** 1 tablet (5mg) every 6-8 hours (for anal muscle spasm)
- Ibuprofen (Advil, Motrin, or generic):** 3 tablets (600mg) every 6-8 hours
- Acetaminophen** (Tylenol or generic) 2 tablets (1000mg) every 6 hours (Max Dose in 24 hours=8 tablets or 4000mg)
- Topical Ointments:** Apply one or both to the affected area 3-4 times daily after warm water soaks
 - **Lidocaine 5% cream** (Recticare) for pain over the counter

Constipation Care:

- Stool Softener:** Docusate (Colace) 1-3 capsules (100 mg each) daily and/or 1 capful of Miralax (polyethylene glycol) daily
- Fiber Supplement:** Benefiber 2tsp-1TBSP 2 times per day OR Metamucil 1-2tsp 2 times per day mixed in a lot of water or other non-caffeinated drink (approx.8ozs.)
 - If you have not had a bowel movement by the morning of the fourth day following surgery, take 2 fleet enemas, 1 hour apart (lubricate the tip of the enema well with Vaseline and insert gently). If no result, drink one bottle of citrate of magnesium, which can be purchased at any pharmacy. Following the first bowel movement, you should have a bowel movement at least every other day. If this does not occur and/or two days pass after your initial bowel movement, take an ounce of milk of magnesia. Repeat in 6 hours if no result.
 - Eat a regular diet including plenty of fresh fruit and vegetables. Drink 6-8 glasses of water a day.

Urinating: Patient urinated in pre-op ___ Yes ___ No

- **You should urinate** within about 8 hours of procedure. Time of last void _____
- **The same muscles need to relax** to urinate and to have a bowel movement. If you are having trouble urinating, take pain medication and/or valium, and sit in a warm tub. While soaking, attempt to relax the bladder and urinate into the water.

If you are unable to urinate in the first eight hours after your surgery, notify the doctor's office. After hours, go to the nearest emergency room or urgent care center. A bladder catheter will be placed and remain in place for 2 days, you may call the office to have the catheter removed. Once you have started to urinate, drink plenty of water and fruit juices (such as prune juice) after your surgery.

- **Activity:** Avoid strenuous activity for 1-2 weeks. Pain is the main thing that limits activity.
- **Driving:** No sooner than 24 hours after stopping **all** narcotics
- **Tub soaks:** 15-20 minutes in warm water several times a day and after all bowel movements.
- **Wound Care:** Keep clean and cover with gauze or use panty liner to catch drainage as needed.
- **Bleeding:** Some bleeding is to be expected; however, if it is saturating a pad per hour, please apply pressure and contact the office.
- **Cleaning:** Warm water on tissue, cotton pad, shower, warm tub soak or unscented flushable wipes.
- **Eating/Drinking:** progress to regular diet upon discharge.
- **Call if fevers over 101, increasing pain, or pain is not controlled with trying all the above recommendations.**
- **Post Op Appointment: approximately 3-4 weeks after surgery.**
 - Call to schedule 1-2 days after surgery.

You will get called by one of the nurses 1 business day after your surgery to answer any questions you might have.

After 4:30pm for emergency issues contact (703) 280-2841 to reach the on-call physician.

Your procedure was performed by: Dr. _____

These directions are specific to your condition:

My post procedure instructions have been explained to me. I fully understand their content and a copy has been given to me. I will follow-up with my physician if I have any questions.

Nurse Signature & Date

Signature of Designated Responsible Person & Date