

INSTITUTE FOR ORTHOPAEDIC SURGERY
BACK SURGERY DISCHARGE PLAN AND INSTRUCTION SHEET

DIET: Resume your regular diet as tolerated. Drink plenty of water and/or other fluids.

ACTIVITY: Activity as follows:

- Wear abdominal binder when out of bed
- Log roll out of bed as instructed
- No prolonged sitting. May sit up for meals
- No lifting
- Follow home walking program as instructed
- May discontinue TED hose at home
- Do ankle pumps every 15 minutes during waking hours times 48 hours
- **Do not drive until cleared by your physician**

INCISION/DRESSING: Keep bandages clean and dry. **DO NOT** touch or scratch your incision. Keep pets away from dressing and incision. Before you change your dressing, **wash your hands** for at least 30 seconds with antibacterial soap. You may shower with a plastic covering over the dressing taped securely. Change your dressing daily. Apply 4x4's and secure with tape. Keep the white steri-strips intact. **DO NOT** cleanse the incision.

MEDICATION: Take the pain pills **only as prescribed** for as long as needed. Pain medication can cause constipation. Drink plenty of fluids and eat high fiber foods. If needed, the following laxatives are recommended: Senakot, Colace & Milk of Magnesia. Take your pre-operative home medications and any new medications according to the attached "Medication Reconciliation Form".

IMPORTANT: Call the Institute for Orthopaedic Institute at (419) 224-7586, 24 hours a day 7 days a week, if you develop any of the following:

- Persistent or abnormal bleeding
- Persistent nausea/vomiting
- Numbness/tingling, discoloration, loss of movement or sensation of affected extremity
- Difficulty breathing
- Fever/chills/dizziness
- Redness, swelling, or pus at surgical incision
- Pain, swelling, or redness in the calf (See handbook for full details)
- Any unusual symptom that does not seem right

MISCELLANEOUS: Have a responsible adult remain with you after discharge for approximately 24 hours. We recommend that you do not make any critical decisions, sign any legal papers or operate any dangerous equipment for 24 hours or while taking prescription pain medicine.

ADDITIONAL INSTRUCTIONS: _____

FOLLOW UP APPOINTMENT WITH YOUR SURGEON: _____

PHYSICAL THERAPY APPOINTMENT: _____

Patient and/or family member verbalizes/demonstrates understanding of instructions.

Personal belongings given to patient/family Home medications given to patient/family

I have received discharge planning, a Patient Handbook, specialized instructions for my surgery, Medication Reconciliation Form, and had all my questions answered.

Patient/Responsible Party Signature Date

Nurse Signature Date

PATIENT LABEL