

## Post-Op Care Instructions

**Contact: 888-903-2362**

Dr. Navin K. Singh



Pain Medications:	Fill prescription for	Percocet Tramadol Demerol	Oxycodone Lortab Motrin /Aleve	Dilaudid Tylenol #3 Tylenol OTC
Antibiotics	Fill prescription for	Keflex Levaquin	Duricef Diflucan	Cipro Valtrex
Nausea	Fill prescription for	Zofran	Emend	Phenergan suppository
Sleep/Anxiety/Tension	Fill prescription for	Valium	Xanax	Ambien
Stool Softener	Over-the-Counter NON-PRESCRIPTION	Colace Pericolace	100 mg twice a day 50 mg twice a day	
Swelling/Bruising	Over-the-Counter (GNC)	Arnica	Waterex	
Emergency Contact	Office Phone	<b>888-903-2362</b> (connects to doctor's cell phone after hours)		
May shower in		2	days	
Remove dressings in		2	days	
Call the office for an appointment in		5-10	days	
No strenuous activity or heavy lifting or straining		4	weeks	
Resume normal diet		1-2	days	

**Diet:** Start with clear liquids and toast or crackers. If those are well tolerated, progress to a regular diet. During this postoperative time it is important to remain well hydrated. Make sure you drink plenty of fluids and stay well hydrated. Signs and symptoms of becoming dehydrated due to poor intake are feeling dizzy, having a dry mouth, and producing small amounts of concentrated malodorous urine. If you experience these difficulties, increase your fluid intake and contact your doctor. A LOW-SALT diet when help minimize fluid retention and swelling.

**Driving:** No driving for 48 hours after your procedure or while taking pain medicine.

**Pain Relief:** **a)** Use a cold compress (such as frozen peas) at your surgical site for 5-10 minutes each up to 4 times a day to help with discomfort for the first 48 hours. **b) Prescription pain killers**, as prescribed by your doctor. It is easier to put out a brush fire than a forest fire—so stay ahead of the pain and don't try to be too stoic.

**Activity:** You may walk and climb stairs immediately after surgery. After 2 weeks you may resume moderate activity such as brisk walking. During the first 6 weeks do not lift anything heavier than a gallon of milk. After 6 weeks you may resume more strenuous aerobic work and lifting activities as tolerated.

**Work:** Depending on your career and your rate of healing you should be able to return to work within 1-2 weeks of surgery. Your surgeon will be able to give you a better estimate depending on your physical and professional profile.

**Wound Care:** Keep your dressings clean, dry, and intact for the first 48 hours. If you have a compression garment or abdominal binder or bra, leave it intact for 48 hrs. Then remove the top dressing, and leave the steri-strips (butterfly tapes) in place. These will fall off in approximately 1 week.





**Drains:** If you go home with a drain, empty and record its daily output. Empty, recompress, and put this drain on suction every 4-6 hours even if it is not full. The initial fluid looks bloody for 2 days and then becomes a watery-bloody mixture thereafter. Keep a clean dry dressing over the site where the drain enters the body. Change this dressing daily. Once the drain is removed, you need to keep a dressing over the drain site for 1 to 2 days or until the drain site heals over. Your doctor will remove the drain after the drainage slows down to approx. 30 cc in a 24 hour period, and remains low for 1-2 days.

**Swelling:** Moderate swelling and bruising should be expected during the first 2 to 3 weeks after surgery. Mild swelling will continue for 2 to 3 months. Women may notice additional swelling and discomfort during menstruation. Swollen areas tend to stay numb, sometimes up to 6-9 months, and may feel “fat.”

**Bathing:** If you do not have a drain you may shower 48 hours after you remove your dressing. If you go home with a drain, you may shower once it is removed. Your surgeon will typically remove your drain 2-7 days after surgery. When you shower, do not let the water stream run directly over your incisional site. Do not submerge the incision in a bath or swimming pool for 4 to 6 weeks.

**Medications:** Ask your surgeon when you should resume your blood thinning medications. All other prescription medications may be resumed immediately as usual. While you are taking pain medicine, you are encouraged to follow a high fiber diet and take a stool softener such as Colace (available over the counter), as pain medications tend to cause constipation. Take the full course of antibiotics as prescribed by your surgeon.

**Smoking and Alcohol:** Do not smoke for the first month after surgery as it impedes wound healing and can lead to serious wound complications. Alcohol consumption is dangerous while taking pain medicine. It has a tendency to worsen bleeding.

**Postoperative Appointment:** Your surgeon will schedule follow-up visits at appropriate intervals. It is important to come to all of your postoperative appointments, so your progress can be monitored closely.

**Special Considerations:** Call your surgeon immediately if you experience any of the following: excessive pain, bleeding, redness at the incision site, or fever over 101 degrees Fahrenheit.

**Scar Healing:** At 2 weeks, you can start to massage the surgical site to allow the swelling and inflammation to subside. You may also start on Ibuprofen 400 mg by mouth three times a day if you do not have medical contraindications to it (such as kidney problems, liver problems, gastric bleeding, or allergy to ibuprofen). This anti-inflammatory effect of ibuprofen can accelerate the healing, and should be continued from week 2 to week 6.

Also, you can initiate the use of Mederma, an over-the-counter skin cream available at a pharmacy, or BioCorneum available from our office, to help the scars heal optimally. Another scar minimizer is Neosporin Silicon Gel Sheets, available over the counter. Remember, the body continues to remodel and refine scars by its own natural collagen degradation and rebuilding process for over one year.

**Sun Exposure:** If new scars are exposed to the sun, they will tend to become darker and take longer to fade. Make sure you wear a high SPF sunscreen with UVA and UVB protection and or a brimmed hat for the first 6 months after surgery.

**Final Results:** It may take up to a year until the surgical site has reached its final contour and shape. This may seem like a long time, but the ability to wear more stylish clothes and perform a wider range of activities is very rewarding and worth the wait.

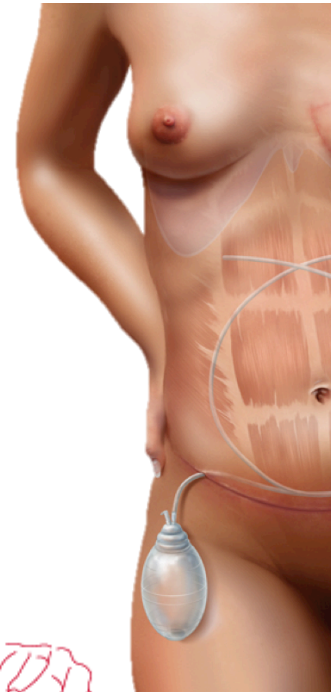
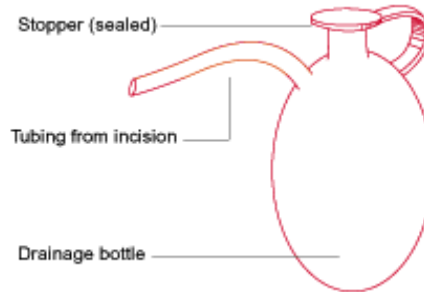
Navin Singh, M.D.

## EXPLANATION OF MEDICATIONS

<i>Pain-Killer</i> (1-2 tablets taken every 4-6 hrs as needed)			
<b>Name</b>		<b>Generic</b>	<b>Purpose</b>
Percocet	5/325 mg	oxycodone + Tylenol	pain relief
Oxycodone	5 or 10 mg	oxycodone	pain relief
Lortab	5/500 or 7/5.500 or 10/500 mg	hydrocodone + Tylenol	pain relief
Tylenol #3		codeine + Tylenol	pain relief
Dilaudid	2 mg	hydromorphone	pain relief
Ultram	50 mg	tramadol	pain relief
Demerol	50 mg	meperidine	pain relief
Motrin	400 mg	ibuprofen	non-narcotic NSAID
Aleve	220 mg	naproxen	non-narcotic NSAID
Tylenol	650 mg	acetaminophen	non-narcotic NSAID
<i>Antibiotics</i> (for 3-10 days after surgery)			
<b>Name</b>		<b>Generic</b>	<b>Purpose</b>
Keflex	500 mg four times a day	cephalexin	prevent bacterial infection
Keflex	750 mg twice a day	cephalexin	prevent bacterial infection
Duricef	500 mg twice a day	cefadroxil	prevent bacterial infection
Cipro	500 mg twice a day	ciprofloxacin	prevent bacterial infection
Levaquin	500mg once a day	levofloxacin	prevent bacterial infection
Cleocin	300 mg four times a day	clindamycin	prevent bacterial infection
Valtrex	500 mg twice a day	valacyclovir	prevent shingles/cold-sore
Diflucan	150 mg one time dose	fluconazole	treat yeast infection
<i>Anti-Nausea</i>			
<b>Name</b>		<b>Generic</b>	<b>Purpose</b>
Phenergan	25 mg suppository	promethazine	treat nausea/vomitting
Zofran	16 mg oral disintegrating tab	ondansetron	treat nausea/vomitting
Emend	40 mg tablet before surgery	aprepitant	treat nausea/vomitting
<i>Sedative</i>			
<b>Name</b>		<b>Generic</b>	<b>Purpose</b>
Xanax	0.25 mg tablets	alprazolam	reduce anxiety
Ambien	5 mg at	zolpidem	sleep-aid for insomnia
Valium	5 mg tablets	diazepam	muscle tension/anxiety

## Drains

After surgery, you will have a drain(s). This device suctions and collects fluid from your surgical area. The drain promotes healing and recovery, and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. While you are hospitalized the nursing staff will care for the drain and teach you to continue to do so at home.



### How to Empty your JP Drain:

1. Wash your hands thoroughly before emptying your drain(s).
2. Have the plastic measuring cup from the hospital ready to collect and measure the drainage.
3. Unpin the drain from your clothing.
4. Open the top of the drain. Turn the drain upside down and squeeze the contents of the bulb into the measuring cup. Be sure to empty the bulb as completely as possible.
5. Use the chart to record the amount of drainage twice a day or any time the bulb is full. Record the total for 24 hours. If you have more than one drain, remember to record the drainage from each drain separately.
6. To prevent infection, do not let the stopper or top of the bottle touch the measuring cup or any other surface.
7. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove the fluids from your body.
8. Pin the drain back on your clothing to avoid pulling it out accidentally.
9. Wash your hands again. Remember to wash your hands before and after the procedure to reduce the risk of infection.

