

UROLOGY PATIENT DISCHARGE INSTRUCTIONS

Vasovasostomy

DIET: Resume your regular diet. Drink extra liquids over the next 2-3 days.

SHOWER/BATH: You may shower in ____ hours. No tub baths, hot tubs, or pools for ____ week.

ACTIVITIES: Bed rest with scrotal elevation (scrotum at level of the heart) most of the time for the next two days. No strenuous activity, prolonged standing or heavy lifting for 4 weeks. No intercourse for at least one month. _____

WOUND CARE: Keep incisions clean and dry. Wear scrotal support or tight fitting shorts for 3 weeks. Ice pack to scrotum for first 24 hours and then as needed. _____

SPECIAL INSTRUCTIONS: _____

D/C MEDICATIONS: _____

Each discharge medication from the pharmacy comes with a Medication Information Sheet (MIS). Please see the MIS or Discharge Medication Worksheet (MEDRECON 508) for specifics about each medication.

DO NOT drink alcohol, drive or operate machinery while taking pain medication. Active duty personnel are reminded that narcotics will affect their urine screening tests and are authorized for use during their recovery period only.

Avoid all aspirin / NSAID based products (i.e. Motrin, Ibuprofen) until approved by your doctor. These may cause increased bleeding during the recovery period. Please properly dispose of any unused portion of your prescription.

FOLLOW UP APPOINTMENT: Date _____ Time: _____

Or call clinic and make appointment to be seen in _____

In the case of any of the following events, call:

UROLOGY CLINIC:	475-4222
AFTER HOURS ACCESS LINE:	1-877-832-1795
EMERGENCY ROOM	475-4286

- Wound is red or hot to touch, presence of pus, wound more painful 3 days after surgery
- Fever (temperature higher than 100.5 F)
- Bleeding
- Swelling or excessive bruising

I acknowledge understanding & receipt of written & verbal discharge instructions. All my questions at the time of discharge were answered.

Patient/responsible adult: _____

Discharge RN: _____