

PATIENT DISCHARGE INSTRUCTIONS
CIRCUMCISION

SHOWER/BATH - No shower or bath for 48 hours

DIET - Resume your regular diet unless specifically instructed otherwise by doctor. Drink extra liquids (water/juice) over the next 2-3 days (especially if you had spinal anesthesia).

WOUND CARE - Dressing may be removed the day after surgery or if soiled.

ACTIVITIES - Normal activity except try to avoid climbing up on things that could lead to a straddle injury and no bike riding for two weeks.

SPECIAL INSTRUCTIONS _____

MEDICATIONS

Type _____ Dosage _____

- Potential Side Effects: Drowsiness, Nausea, Constipation
- Designed to help with moderate to severe pain.
- NO DRINKING OF ALCOHOLIC BEVERAGES WHILE TAKING PAIN MEDICATION.
- No driving or operating machinery while taking pain medication.
- Avoid all aspirin products until approved by your doctor. These may cause increased bleeding during recovery phase.
- It is recommended that this medication be taken with food to decrease the chance for Nausea.
- Please keep this medication out of the reach and sight of children.
- Active duty personnel are reminded that this medication will affect their urine screening tests. This medication is authorized for their recovery period only and any use beyond this time is at your own risk.
- Destroy unused medication by either flushing them down the toilet or crushing and flushing down the sink with hot water.

WHAT TO WATCH FOR

- Temperature of 100.4 or above
- Any drainage through the dressing or from wound sites, especially if it has an odor to it.
- Increased pain, redness, swelling ,or tenderness of surgical site.
- Bleeding

Call the doctor/clinic if any of these signs or symptoms appear. **If after hours (1600) or weekend/holiday go to the Emergency Room.**

Emergency Room 257-9646

Surgery Clinic 257-9801 (0730 - 1600 weekdays)

Same Day Surgery Unit 257-9965 (0730 - 1500 weekdays)

IF YOU HAVE ANY QUESTIONS OR CONCERNS IT IS BEST TO CALL AND ASK.

Follow up appointment in Surgery Clinic:

Date _____

Time _____ or call 257-9801 to schedule

Dr. _____

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

Patient/Responsible Adult _____ Date _____

SDSU RN _____ Date _____

Reviewed above information pre-operatively and verbalized understanding.

Patient/Responsible Adult _____ Date _____

SDSU RN _____ Date _____