



DISCHARGE INSTRUCTIONS FOR BREAST BIOPSY

1. No lifting over 10 pounds for one week.
2. You may return to normal activity as tolerated. You will be able to return to work or school 2-3 days after surgery if you feel like to it.
3. 24 hours after surgery, you may remove the outer dressing and shower. Leave the steri strips in place until you are seen in the office.
4. Take you pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated, or constipated, so take them with plenty of food and water. No alcoholic beverages while taking your pain medications. It is a good idea to take a stool softener everyday while taking your pain medication.
5. Do not drive or return to work if you are taking pain medication. These can alter your thought processes.
6. You may want to wear a bra continuously for the first 3-5 days following surgery. This puts mild pressure on the incision site help with discomfort but also to help stop mild bleeding if you were to have any. If the incision area becomes hard, bruised, or red you need to call the doctor immediately.
7. May resume home medications as directed by your physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
8. You have a follow up appointment scheduled with Dr _____
on _____

REASONS TO CALL YOUR PHYSICIANS OFFICE AT 232-0444

1. Pain not controlled with pain medication
2. Fever of 101 for 2 consecutive days
3. Nausea that does not subside after 24 hours after surgery
4. Redness or drainage from incision sites
5. Any questions or concerns.

WE STRONGLY SUGGEST A RESPONSIBLE ADULT REMAIN WITH YOU AT HOME TODAY AND TONIGHT FOR YOUR PROTECTION AND SAFETY. IF YOU HAVE ANY QUESTIONS, OR IF A PROBLEM DEVELOPS, PLEASE CALL YOUR PHYSICIAN IMMEDIATELY. IF YOU ARE UNABLE TO CONTACT YOUR PHYSICIAN AND YOU FEEL THIS IS AN URGENT SITUATION REQUIRING A PHYSICIAN'S ATTENTION, GO TO THE EMERGENCY ROOM CLOSEST TO YOU.

DESIGNATED CAREGIVER CONSENT

I WILL BE THE DESIGNATED DRIVER OF THIS PATIENT AFTER DISCHARGE FROM TALLGRASS SURGERY CENTER. I AM FULLY AWARE THIS PATIENT NEEDS CAREGIVING ATTENTION FOR THE FIRST 24 HOURS.

X _____
PATIENT/PATIENT FAMILY MEMBER

X _____
REGISTERED NURSE