



**HERNIA DISCHARGE INSTRUCTIONS**

**DRESSINGS** The incision will be closed with dissolvable sutures and covered with a waterproof dressing. If this starts to curl up then trim it. Leave this in place until the first office visit. If it comes off however do not be alarmed. Children may shower or sponge off; no tub baths until ok'd by the physician.

**DIET** Certain anesthetics and pain medications can produce nausea and vomiting. Begin with a clear liquid diet and advance to a regular diet as tolerated. If nausea and vomiting does occur, remain quiet and take a small amount of liquids. If nausea persists through the next day, please call the office.

**RESTRICTIONS** Children should be kept quiet for 24 hours. The child should not ride a bike, swim or participate in contact sports for 4 weeks. The child should stay at home from school for 1 week unless instructed otherwise.

**MEDICATIONS** Take prescribed pain medication as directed. If no pain medication given, may take Tylenol as directed. Call the office with any questions or concerns with pain medication.

**MESH REPAIR** If you have had a mesh repair, we prefer you have no elective dental work done for 4 weeks. If that is not possible your dentist should give you antibiotics before your procedure.

**OTHER** Swelling is not uncommon. In the male, this can cause swollen and bruised testicles. If swelling occurs, apply ice packs for the first 24-48 hours to reduce the swelling and pain. The swelling and bruising will resolve with time.

You have a follow up appointment scheduled with Dr. \_\_\_\_\_

On \_\_\_\_\_

**CALL YOUR PHYSICIAN'S OFFICE AT 232-0444 IF YOU HAVE ANY OF THE FOLLOWING:**

1. Temperature greater than 101.5
2. Excessive bleeding (slow general ooze that saturates the dressing)
3. Bright red blood
4. Inflamed incision that feels warm to the touch. (staple insertion sites generally get red after about 4-7 days due to the healing process)
5. Nausea that does not subside after 24 hours after surgery
6. Any questions or concerns you may have

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