



**DISCHARGE INSTRUCTIONS FOR DILATION AND CURETTAGE (D&C)
LINCOLN CENTER PHYSICIANS**

1. **ACTIVITY**-Rest in bed the day you are dismissed from Tallgrass. You may want to decrease your activities and take short rest periods for the next few days. No strenuous activities for one week.
2. **VAGINAL DISCHARGE**-You will have some bleeding from the vagina (birth canal) and you may experience mild cramps after your surgery. By the time you go home, the bleeding should be light in amount and may last a couple of days to a week or so. Your next menstrual period may occur at any time after this.
3. **BATHING**-You may take a shower or wash your hair at any time you desire after you go home provided you do not feel too weak or tired. It is advisable that you take a shower rather than a tub bath for the first week.
4. **DOUCHING & SEXUAL RELATIONS**-You should not douche, use tampons, or have sexual intercourse for one week after surgery. If you have a miscarriage, no douching or sexual intercourse for two weeks.
5. **MEDICATIONS**-You may have cramping and/or discomfort in your upper chest and shoulders. You may take Tylenol or ibuprofen and use a heating pad if needed.
6. You will be notified of a pathology report after four working days. Call the office if you have not been notified in one week. (If you have a miscarriage, you will not be notified of a pathology report.)
7. **POST OP APPOINTMENT**-You have an appointment scheduled with _____
on _____ at _____.
8. Call your **PHYSICIAN'S OFFICE AT 233-5101** for any of the following problems:
 1. Bleeding heavier than usual menstrual (period) flow.
 2. A fever over 100.4 or severe chills.
 3. Frequency and burning with urination.
 4. A red, hard, tender, or hot area along the leg veins.
 5. Chest pain or any other unexplained sign or symptoms.

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