



DISCHARGE INSTRUCTIONS FOR HAND/WRIST SURGERY

Following hand/wrist surgery there are a few things that will aid in your recovery. They are simple to do and very important.

1. Keep your hand/wrist elevated on at least 2-3 pillows. Keep ice on the operative hand/wrist as much as you can tolerate. Never put ice directly on the skin. This will help decrease the swelling in your hand/wrist and also help with discomfort.
2. Wiggle your fingers, hand and wrist as much as you can tolerate. This will circulate the blood from your fingers to your heart.
3. ____ days after surgery, you may remove the ace wrap and any remaining dressings you may have. Cover with a trash bag, rubber glove, or bread sack and you may shower. Keep the incisions dry until the sutures are removed which will be approximately 2 weeks. You may place a bandaid over incisions as not to catch the stitches on clothing or other loose material.
4. Take your pain pills as prescribed, but remember, narcotics can make you sleepy, nauseated or constipated so take them with plenty of food and water. You may take a mild laxative or stool softener, such as colace, as needed. You may take Ibuprofen 400-600mg every 4-6 hours as needed for pain. You may take the Ibuprofen in addition to taking the prescribed pain medication. No alcoholic beverages while taking pain medications.
5. May resume home medications as directed by physician. Diet as tolerated. No spicy or greasy foods recommended the day of surgery.
7. You have a follow up appointment scheduled with Dr. _____
on _____ at TALLGRASS or 29th & URISH CLINIC
8. **CALL YOUR PHYSICIAN'S OFFICE AT 233-7491 IF YOU HAVE ANY OF THE FOLLOWING:**
 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