



DISCHARGE INSTRUCTIONS FOR VEIN STRIPPING

Following vein stripping there are a few things that will aid in your recovery. They are simple to do and very important.

1. Keep the operative leg elevated on at least 2-3 pillows for the first 24-36 hours.
2. Increase your activity slowly and gradually. Walking circulates the blood from heart to your toes. It also helps prevent blood clots in your legs. Keep your feet from dangling to the floor. Blood will pool to the ankles and increase swelling of the feet and legs. Try using a footstool. Do not stand on your legs for prolonged periods of time.
3. 48 hours after surgery, you may remove the ace wrap and dressing and shower, no tub baths. After your shower replace ace wrap. At your first office visit, your physician may order elastic stockings for you to wear.
5. 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. No alcoholic beverages while taking your pain medications. It is a good idea to take a stool softener everyday while taking your pain medication.
6. Do not drive or return to work until your first office visit and your doctor gives you the release to do so. If you are a student, no physical activity until your physician gives you the ok.
7. May resume home medications as directed by your physician. Diet as tolerated. No spicy or greasy foods are recommended the day of surgery.
7. You have a follow up appointment scheduled with Dr. _____ on _____

8. CALL YOUR PHYSICIAN'S OFFICE AT 232-0444 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