

Baylor University Medical Center at Dallas

Your Colorectal Surgery Guide

Enhanced Recovery After Surgery (ERAS) Plan



 **BAYLOR**
University Medical Center
at Dallas

Department of Surgery

Part of  Baylor Scott & White HEALTH



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Enhanced Recovery After Surgery

We would like to introduce you to our Enhanced Recovery After Surgery (ERAS) plan, a Clinical Care Pathway used by the doctors and nurses who will care for you during your hospital stay. We believe this is an important part of your care. The goal of this plan is to allow you to go home sooner, and return to your normal activity level in a safe manner.

The ERAS plan:

- Allows you to take part in your own recovery
- Increases your comfort
- Decreases your time in the hospital
- Prevents dehydration
- Allows you to start drinking and eating sooner after surgery
- Lowers your body’s reaction to stress

Patients who participate in the ERAS plan typically go home sooner and have fewer complications than those who do not follow the plan. This booklet will help you understand and prepare for your surgery, describes your role in recovery, and explains what you should expect after you leave the hospital.

Review this booklet with your family and bring it with you on the day of surgery. The nurse who cares for you after surgery may refer to sections of the booklet to aid in your recovery.



The Name of Your Procedure:

Procedure: _____

Diagnosis: _____

Surgery Date and Time: _____

Arrival at the Hospital: _____

Surgery Location: _____

Introduction

Welcome! Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

Our goal is to give you a safe and rapid recovery. Each person is unique. If you have any questions, please ask the doctors and nurses caring for you.

Follow-up Appointment

You will need a follow-up appointment with your surgeon 10 days to two weeks after surgery. At this appointment, your surgeon will discuss the final pathology reports.

Follow-up Appointment: _____

Location: _____



Common Questions and Concerns Before Surgery:

- What kind of diet will I need to follow before surgery?
- Will I need to complete a bowel prep?
- How will my pain be controlled after surgery? It is important that you know how we care for you and your pain.
- Understand your role in recovery and what you can do to help:
 - Walking prior to surgery and after surgery
 - Breathing exercises to help after surgery
 - Nutrition
- Discharge planning starts before surgery. Planning ahead helps:
 - Who will my caregiver be at home?
 - What is my expected length of hospitalization?
 - Will I be able to return home or will I need a rehab center?
- Will I need home health when I go home?
- What do I need to bring to the hospital with me?
- Will my bowel function be the same after surgery?
- Who will be taking care of me during surgery?
- What happens when I go home?
- The doctor said I was going to have to wear a “bag” after surgery; what is that?



What is the Bowel?

When eating, food passes from the mouth through the esophagus into the stomach, then into the small bowel (intestine).

This is where food and nutrients are absorbed. What is left of the food then goes to the large bowel (colon), which is about 6 feet long. This is where fluid is absorbed from the food.

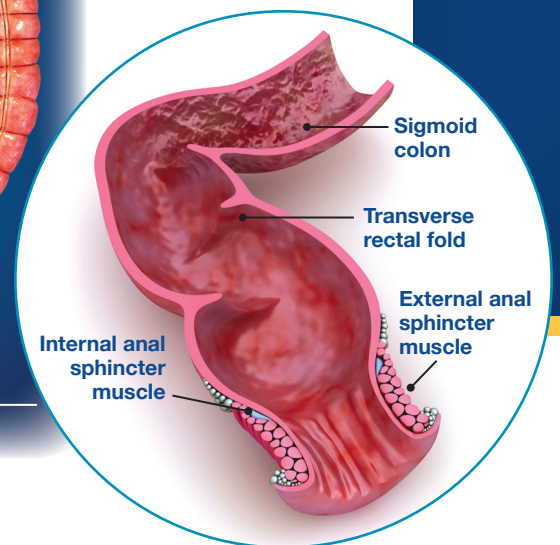
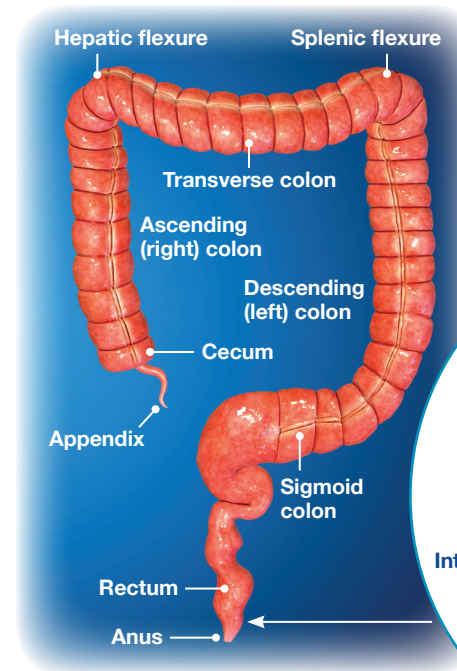
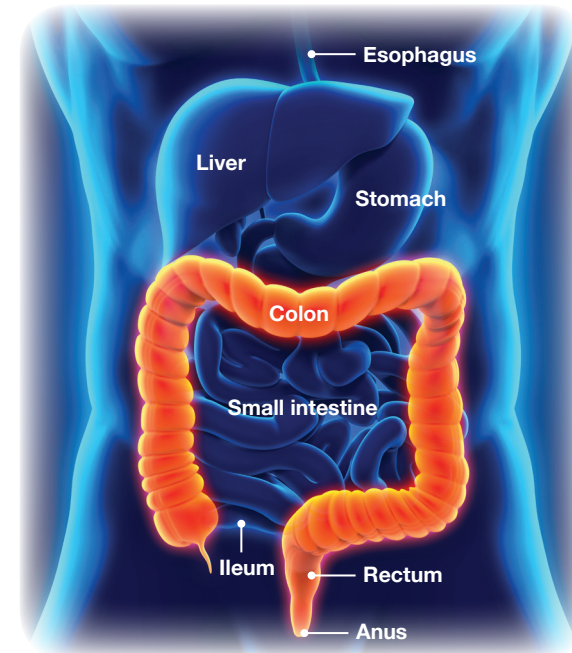
The stool is then stored in the rectum, until it passes out through the anus.

Will I need an Ostomy (bag)?

Some patients having bowel surgery need to have an ileostomy or a colostomy (bag), but most do not.

IF you need an ileostomy or colostomy, the surgeon will discuss this with you during your office visit. An ileostomy or colostomy is an opening in your bowel that is made by your surgeon during surgery. Stool passes through this opening, out of your body and into an attached plastic bag. Your ostomy may be permanent or temporary.

IF you need either ostomy, you will meet with a nurse before surgery who specializes in ostomy care, an Enterostomal Therapy (ET) nurse. Prior to surgery the ET nurse will discuss the basics of caring for the stoma (outside opening) and give you information to take home. The ET nurse will mark an area on your belly as a guide for the surgeon to place the stoma during surgery. After surgery, the ET nurse will give you more in-depth teaching on the care of your ostomy and the different ostomy appliances that are available.





Preparing for your surgery

In the Physician's Office – Ask Questions

At the time of your office visit, you and your surgeon will discuss the type of surgery you are having, so that you understand what will happen to you before, during and after surgery. You may be asked to sign a consent form to give the doctor permission to proceed with the procedure. Please do not be shy about talking to your doctor. Ask additional questions and share any concerns you have regarding surgery.

Medications

Some medications or herbal products need to be stopped a week or two before surgery.

Discuss with your surgeon all medications you routinely take at home:

- Blood thinner
- Aspirin
- NSAIDs (non-steroidal anti-inflammatory drugs)
- Insulin
- Heart medicines
- Blood pressure medicine
- Non-prescription medications
- Herbal or vitamin supplements

Please bring a list of all medications to your appointment.

Hospital Registration – A Three-Part Process

- Pre-Admission Nursing: Discuss your health history and current medications.
- Pre-Admission Testing: Appointments to have blood tests, EKGs and chest X-rays done prior to your surgery.
- Registration: Access Services staff will discuss your registration and insurance information.

Plan Ahead

The best recovery is at home. Here is a checklist to help make sure everything is ready for you at home after your surgery:

- You will require more help the first two weeks (from friends or family) with meals, laundry, cleaning, etc. Who will your helper be? _____
- Stock your refrigerator and freezer. Think about preparing or buying frozen food in small portions that can be easily reheated until you are well enough to cook.
- Have someone available to drive you to your first appointment after surgery, as you should not drive for two weeks. Who will your driver be? _____

In addition, you can get yourself in shape to have surgery by working on the following:

Exercise – Regular exercise and physical activity will help you prepare your body for surgery and help you heal faster. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. A daily 15-minute walk has been shown to be an effective way to prepare the body for surgery.

Stop Smoking – We strongly suggest you stop smoking at least two weeks prior to surgery. Avoid smoking throughout your recovery (six to eight weeks). Patients who smoke have a much higher risk of developing an infection. Doctors can help you stop smoking by prescribing certain medications.

Blood Sugar – High blood sugar affects your body's ability to fight infection and slows healing. If you would like to see a diabetes education nurse, please let us know.

Alcohol – Do not drink alcohol for 24 hours before surgery. Alcohol can interact with some medications.

Please let us know if you drink alcohol on a daily basis.





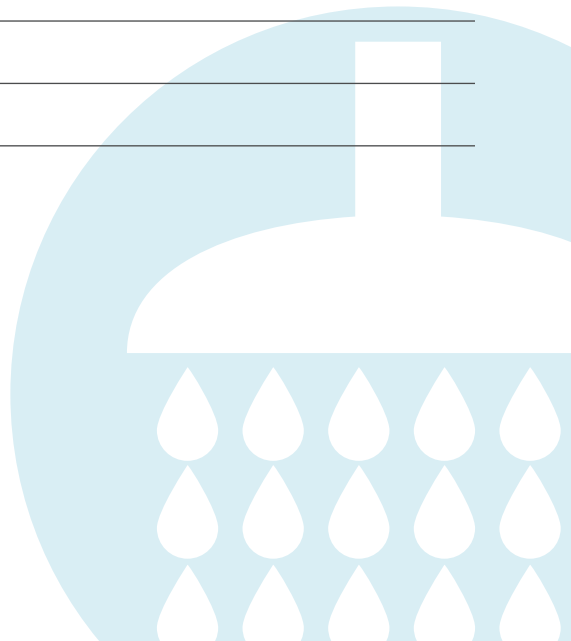
Getting Ready

Pre-operative Bowel Preparation: Your surgeon may ask you to have your bowels cleaned out, which will require a laxative drink. Prescriptions for this drink will be sent to your pharmacy.

Pre-operative Medications: As part of the Enhanced Recovery After Surgery plan, you may be prescribed an antibiotic before your surgery. The surgeon will discuss this with you and prescriptions, if required, will be sent to your pharmacy.

Pre-operative Shower: The surgeon may ask that you shower before with surgery with a special soap that contains chlorhexidine (CHG), which is an antiseptic that may help reduce your chances of infection. This can be purchased without a prescription at your local pharmacy.

Notes: _____



Day of Surgery

Before leaving home

- Shower with CHG wash.
- Do not shave the area to be operated on.
- Remove all jewelry, including body piercings.
- Do not put on any creams, lotions or perfume.
- Wear loose, comfortable clothes.
- Drink clear liquids ONLY. You may drink liquids up to two hours prior to the start of your procedure, unless your doctor tells you otherwise. We do encourage drinking a Gatorade/Powerade-type drink if possible.
- Do NOT eat any food after midnight.
- Do NOT smoke cigarettes at least 24 hours beforehand.
- No gum chewing prior to your procedure.
- No tobacco/snuff prior to the procedure.

What to bring to the hospital

- **THIS BOOK**
- Medical insurance card and photo identification
- Glasses, contacts, hearing aids
- Respiratory/CPAP equipment
- Wheelchair, cane, crutches or walker, if needed
- Personal toiletries (toothbrush, toothpaste, deodorant, etc.)
- Socks, slippers, bath robe





Arriving at the hospital

- Check in the Registration Office two hours before your scheduled surgery, or the time given to you by your physician's office.
- After check-in, you will be brought to the preoperative holding area, where you will be greeted by a pre-op nurse, members of the anesthesia team and your surgical team.
- An IV (intravenous) line will be started; you may be given medications to help decrease any anxiety.
- You may receive oral medications prior to surgery that will help decrease your pain when you wake up, or help your bowel resume function quicker after surgery.
- We do everything possible to start your surgery on time; however, delays can occur due to emergencies. We appreciate your understanding.

During the procedure

- You will be asleep during your surgery.
- You will not feel any pain during the procedure and may not remember the procedure afterwards.
- Your heart rate, blood pressure, temperature and blood oxygen level will be monitored throughout the procedure.
- During your surgery, local anesthetics (numbing medicines) may be injected into your abdomen to help make you more comfortable. This is called a TAP block.
- Your family members and/or friends will sit in the waiting room during your surgery. They will be kept informed throughout your surgery, and your surgeon will speak to them once the procedure is complete.



Waking up after surgery

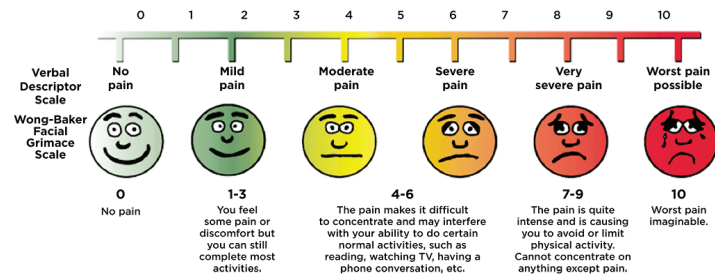
- You will need to stay in the recovery room, where you will be watched until you are alert and your vital signs are stable.
- Most patients spend one to two hours in the recovery room.
- The length of time you spend in the recovery room will vary, because some individuals take longer than others to wake up after anesthesia.
- Family members and friends may be allowed to visit you in the recovery room once you are awake.
- After surgery you may be sleepy, have a sore throat, or feel sick to your stomach, all of which are normal and will go away as the anesthesia wears off.
- You will continue to receive oxygen through your nose.
- You may be offered ice chips and something to drink once you are alert and free of nausea.
- Dry mouth after surgery is expected and will last for about 48 hours.





Pain Management

Controlling pain after surgery requires balancing benefits and risks. If your pain medications are too strong, you may have side effects such as sleepiness, nausea or vomiting. However, if pain medications are too weak, you may experience unnecessary pain.



Pain limits your ability to breathe deeply, cough, walk and perform the activities necessary for a speedy recovery. The goal is to find the right balance for you at each point during and after the procedure.

We are unable to prevent all pain after surgery, but we will work with you to make you as comfortable as possible. Our goal is to provide relief so that you can move freely, be out of bed, and start walking when allowed by your surgeon.

Some patients will be given an electronic pump connected to the IV to help control the pain. This pump is called a PCA (patient-controlled analgesia) pump. The PCA pump will give you pain medicine *only if you* push on the button. Every time you push the button and get pain medication, you will hear a beep from the PCA pump.

Do not wait until the pain gets too bad before telling your nurse.

After surgery, be sure to tell your surgeon or nurse:

- If your pain is above 4 out of 10 and is not getting better with medication.
- If you are experiencing a new type of pain.
- If your pain is limiting your ability to walk, breathe deeply, or rest.



In the Hospital

Activity

- Get out of bed and start moving right after surgery.
- Do not be afraid to move in bed or cough.
- A pillow can be used to cushion your incisions, if needed.
- Sit in a chair for all meals.
- Ask for help from the nursing staff the first time you get up after surgery.
- Walking will help reduce your risk of breathing-related illnesses; developing a blood clot; muscle aches; and slow return of bowel function.

Breathing Exercises

- An incentive spirometer (IS) is provided in your room. The small exercises you do with this device will help prevent breathing-related illnesses, such as pneumonia, after surgery.
- Use the IS 10 times every hour while you are awake.

Nutrition and Hydration

- After surgery, you will be offered clear liquids and crackers.
- Solid food may be added to your diet as you progress.
- You are not expected to eat regular-size meals or clean your plate. Eat only if you feel like it.
- Stop eating if you feel nauseated or your belly is tight and you are belching frequently.

Wound Care

- Surgical bandages will be removed two days after surgery.
- The incision may be redressed or left open to air; if it is covered, let your nurse know if the dressing has become dirty.
- Unless told otherwise, you may shower after the dressing is removed.





Postoperative Goal Checklist



Day of Surgery	Post-Op Day 1
<p>Pain:</p> <input type="checkbox"/> Pain level less than 6/10	<p>Pain:</p> <input type="checkbox"/> Pain level less than 4/10
<p>Activity:</p> <input type="checkbox"/> Out of bed in chair	<input type="checkbox"/> Pain pump discontinued
<input type="checkbox"/> Walking in room	<p>Activity:</p> <input type="checkbox"/> Out of bed in chair at least 4 hours
<input type="checkbox"/> Walking in hallway	<input type="checkbox"/> Walking in hallway 15 mins 4-6 times a day
<p>Nutrition:</p> <input type="checkbox"/> No liquid intake	<p>Nutrition:</p> <input type="checkbox"/> Tolerating liquids/crackers
<input type="checkbox"/> Tolerating liquids/crackers	<input type="checkbox"/> Tolerating some solid food, mainly liquids
<p>Breathing:</p> <input type="checkbox"/> Cough, deep breathing	<input type="checkbox"/> Tolerating mostly solid food
<input type="checkbox"/> Using incentive spirometer 10 times per hour when awake	<p>Breathing:</p> <input type="checkbox"/> Cough, deep breathing
	<input type="checkbox"/> Using incentive spirometer 10 times per hour when awake
	<p>Foley Catheter:</p> <input type="checkbox"/> To be removed

Post-Op Day 2+	Day of Discharge
<p>Pain:</p> <input type="checkbox"/> Pain level less than 4/10	<p>Pain:</p> <input type="checkbox"/> Oral pain medication for drive home
<input type="checkbox"/> Switching to oral pain medication	<p>Activity:</p> <input type="checkbox"/> Walking in or around your home
<p>Activity:</p> <input type="checkbox"/> Out of bed in chair at least 6 hours	<input type="checkbox"/> You may go outside
<input type="checkbox"/> Walking in hallway 15 mins 4-6 times a day	<p>Nutrition:</p> <input type="checkbox"/> Frequent small meals and liquids
<input type="checkbox"/> Dressing removed	<input type="checkbox"/> Regular diet
<input type="checkbox"/> CHG shower	<p>Breathing:</p> <input type="checkbox"/> Cough, deep breathing
<p>Nutrition:</p> <input type="checkbox"/> Tolerating some solid food, mainly liquids	<input type="checkbox"/> Using incentive spirometer 10 times per hour when awake
<input type="checkbox"/> Tolerating mostly solid food	<p>Going Home:</p> <input type="checkbox"/> Have family or friend take your prescriptions to be filled
<input type="checkbox"/> Regular diet	<input type="checkbox"/> Make sure you know when you need to be seen by your surgeon
<p>Breathing:</p> <input type="checkbox"/> Cough, deep breathing	
<input type="checkbox"/> Using incentive spirometer 10 times per hour when awake	



Discharge

Home is the best place for you to recover. You will be discharged from the hospital once your doctor determines it is safe to do so. You will need a family member, companion or friend present at the time of discharge to take you home.

Discharge Criteria:

- Able to walk with minimal assistance
- Tolerable pain, with or without medication
- Adequate fluid intake
- Return of bowel function

At Home:

- Continue deep breathing exercises at home.
- Increase your activity every day as tolerated.

Discharge Medications

You may be discharged with medications to take at home. Follow all of your doctor’s instructions. If you have any questions, ask your doctor before you leave the hospital.

It is important that you know and understand:

- What pain medicine(s) am I taking?
- Why am I taking it?
- How should I take it?
- What are the side effects I should watch for?

One of the medications you may be sent home with is called Lovenox®, a blood thinner. Some patients are at increased risk for blood clots, even after discharge. Frequent walking will help prevent blood clot formation.

You will be given a written prescription for pain medication. Texas law does not allow pain prescriptions to be “called in” or “faxed” to the pharmacy.



Discharge Instructions

Call the Doctor if you:

- Experience severe pain that does not get better with medication.
- Develop a fever above 101.5F.
- Experience nausea and/or vomiting.
- Experience persistent diarrhea or more than 10 bowel movements in 24 hours.
- Are unable to urinate after eight hours, or if your urine output is less than two cups in a 24-hour period.
- Have a surgical site that has foul-smelling drainage, is red or warm.
- Have bright red blood from the incision, rectum or ostomy (greater than one cup); a small amount of bleeding may be normal.
- Experience dizziness, light-headedness or extreme fatigue.

Ostomy Patients:

- Have ileostomy output greater than 1200 mL in 24 hours.
- Are unable to keep a pouch connected for 24 hours.
- Have dark yellow or brown urine or not urinating.

Follow-up Appointment:

- **Bring this Book** with any questions you have.
- Bring any forms from your work that you will need completed in order to return to work.

Notes: _____





Diet and Bowel Function

You may find that for a few weeks following your operation, you may have to make some slight adjustments to your diet depending on your bowel pattern.

It is important to remember that the GI tract is still not only recovering from surgery, but also from the anesthesia and pain medications, all which cause the colon to move differently.

After two weeks, your GI tract function should be returning to normal. Depending on the type of surgery (especially with the stomach and rectal area) diet and bowel function may have a “redefined” normal.

You should try to eat a balanced diet, including:

- Foods that are soft, moist, and easy to chew and swallow.
- Foods that can be cut or broken into small pieces.
- Foods that can be softened by cooking or mashing.
- Eating 4 to 6 small meals throughout the day to reduce gas and bloating.
- Eating plenty of soft breads, rice, pasta, potatoes and other starchy foods (low-fiber varieties may be easier to digest in the beginning). Remember eating only starches can cause more constipation.
- Drink plenty of fluids.
- If stool frequency or diarrhea from surgery becomes a problem, avoid drinking just water; add electrolyte products (i.e., Gatorade® or Powerade®).

Do not drink from a straw or smoke. This can cause you to swallow air and have gas.



As you heal, you can try foods with more fiber, such as whole grain foods.

Avoid:

- Tough, thick pieces of meat; fried, greasy and highly-seasoned spicy foods
- Gas-forming vegetables such as broccoli and cauliflower, beans, and legumes
- Nuts or popcorn
- Excessive amounts of all foods can cause constipation, especially with the use of pain medications and reduced activity

Some patients find their appetite is less than normal after surgery. This could be a sign of constipation. The most common causes of constipation after surgery are:

- Lack of physical activity
- Not enough fiber in the diet
- Medications
- Not enough liquids

Small, frequent meals throughout the day may help and over time, your bowel function will get better.

Some patients feel nauseated. To minimize this feeling, avoid letting your stomach get empty. Eat small amounts of food and eat slowly.

If you don't have an appetite, choose higher calorie foods, add protein shakes, and make the most of the times when you feel hungry.



At Home

Abdominal Pain

It is not unusual to have some pain during the first few weeks following surgery. Always follow your doctor's instructions. If you have any questions about how to take your pain medication, you should call your doctor's office.

It is important to use the right medication for your pain level.

- Mild to moderate pain: Acetaminophen (Tylenol®)
- Inflammatory/muscle ache pain: NSAIDs/ibuprofen (Motrin®, Advil®), Aleve®
- Severe pain, greater than 4/10: Prescription pain medication

Your incision and postoperative wound care

- Staples will be removed in 7 – 14 days at your post-op doctor's appointment.
- Your incision may be slightly red and uncomfortable during the first 1 – 2 weeks after surgery. It is not uncommon for incisions to “ooze” clear, pink or tan fluid for up to 4 weeks after surgery. You may cover the incision with a dry gauze pad to collect the drainage and protect your clothes. Change the dressing every day. If your incision is not draining, leave it uncovered.
- Shower daily, using the CHG (chlorhexidine) soap, and let the water run over your incision. Do not scrub your incision.
- Rinse with clean water and pat dry.

No soaking in the bath until 2 weeks after surgery.



Hydration

- Try to avoid carbonated beverages for the first couple of weeks.
- Drink 6 – 8 glasses of water or Gatorade-type product a day. Fruit juices, teas/coffee, and milk work as well.
- Know that sugar and sugar substitutes can cause diarrhea.
- Measure how much you drink, and know what is coming out. Dehydration is a common cause of hospital readmissions.

Activities

- Do not drive until you can walk full speed and are not taking narcotic pain medications.
- Discuss any lifting restrictions with your doctor at your two-week appointment.
- It is okay to walk, go up and down stairs, ride in a car, and shower.
- Walk 15 minutes, four to six times a day.
- Sit in a chair for all meals.
- Spend at least six hours out of bed every day (move to a chair or perform light activity).
- Increase activity as tolerated.
- Allow for rest and naps as necessary. It is normal to move at a slower pace during recovery.

Work

- You should be able to return to work in 4 – 6 weeks after surgery.
- If your job requires heavy manual work, you should not do so until six weeks after your operation, or until the surgeon has cleared you for work.





Home Recovery Timeline

What's Normal (up to one month)

- A poor appetite in the beginning is expected, but your appetite will return.
- You may notice you have lost weight and you may lose a few more pounds, but you will start gaining weight as your appetite improves.
- You will also notice your energy level is lower; this will get better with time and your recovery.

Week One

- Walk four times a day.
- Get out of bed for at least 6 hours a day. It is normal to be tired. Take naps and rest as necessary.
- Drink a minimum of six to eight glasses of fluid daily.
- Eat four to six small meals (foods may taste differently; this is temporary).
- Supplement meals as needed with protein shakes.
- Shower daily.
- Perform wound care daily.
- Do not drive.
- Do not lift more than 10 pounds.

Week Two

- Continue all of the above.
- Staples are removed during your post-op doctor's appointment.
- You should experience a reduced need for narcotic pain medication.
- As you increase your activity, you may experience muscle aches. NSAIDS can help.
- You may be ready to drive if you are no longer taking narcotic pain medication.



One Month Post-Op

- Postoperative appointment.
- You should no longer require narcotic pain medication.
- You may continue to increase activity as tolerated.
- You may be ready to drive if you are no longer taking narcotic pain medication.
- Return to work with approval from your surgeon.
- Do not lift more than 10 pounds.

Three Months Post-Op

- You will likely have returned to work and resumed regular activities.
- You will continue to get stronger, and your appetite will improve.
- You should begin to regain any weight lost.

Things to discuss with my surgeon at my postoperative appointment:



H

Caring for Your Ostomy (If Applicable)

In the Hospital

Following surgery, an ostomy nurse will see you while you are hospitalized and can help you adjust to the ostomy and answer questions. You will learn:

- How to change the pouch
- What you can eat
- How to order supplies (hospital will register you with the various companies that supply ostomy products, and they will send samples to your home.)



At Home

Your Home Ostomy Care

- Some patients who have undergone ostomy surgery can receive home health care following discharge. (Eligibility is determined by individual insurance plans, not the surgeon's office.)
- If you have questions about your ostomy or are having difficulty keeping the bag on, please call your surgeon's office.

Medications

- Imodium® – prevents episodes of high output. You may take up to eight tablets a day. Begin with one tablet, two to four times daily. If necessary, advance to two tablets, four times daily. Medication should be taken 30 minutes prior to meals.
- Metamucil® – used to thicken output. Take one to two times daily as needed with a full glass of water.
- Lomotil® – a prescription used to decrease motility in the gut.

Nutrition

Foods that reduce diarrhea: cheese, cheesecake, smooth nut-butters, pretzels, white rice, tapioca, matzo, water crackers, marshmallows, Jell-O®, bananas, applesauce and barley.



Hydration

- Drink 8 – 10 glasses of fluid daily, caffeine- and sugar-free.
- Drink a glass of water every time you empty your pouch.
- Separate fluids from meals. Wait 30 – 45 minutes before/after a meal to consume liquids (sipping with a meal is okay).
- Dilute sports drinks with water to reduce sugar (i.e., ½ cup Gatorade + ½ cup water).

Colostomy vs Ileostomy

- A colostomy is an intestinal stoma (opening) surgically created out of the large intestine (colon).
- An ileostomy is an intestinal stoma created out of the small intestine (ileum).

Colostomy Patients Must:

- Eat a high-fiber diet (25 – 30 grams of fiber daily).
- Drink 8 – 10 glasses of water daily.
- Monitor for constipation.

Ileostomy Patients Must:

- Restrict fresh fruits and vegetables, as these foods can cause an intestinal blockage.
- Actively monitor intake and output. Dehydration is common following ileostomy surgery. Patients should manage diet and medications to control output. The more fluid you lose in your stool, the more likely you are to become dehydrated. If your output is greater than 1000 mL in 24 hours, please call the office, because you are at risk for dehydration.
- If your ileostomy has no output for two hours or greater, call your surgeon's office.
- "It is normal for ileostomy to output 800 – 1000 cc/day. If your output is greater than 1000 cc/day and is liquid, you have diarrhea.





What activity am I allowed to do?

We encourage you to return to regular daily activities soon after surgery. Limit lifting over 10 pounds for approximately 4 – 6 weeks after surgery per your surgeon’s instructions, as this will minimize the risk of a hernia or other complications from occurring. Running, walking, climbing stairs and other activities are okay, provided you have enough help to do it safely.

How do I get disability forms or a return-to-work letter filled out?

Disability and return-to-work forms are completed by you and your surgeon. Since they take time to complete, they are typically completed by fax or email. Once the surgeon’s office has completed the appropriate sections, they will be returned by mail, email or fax to the requesting party.

How do I take care of my incision?

Care of your incision does NOT require excessive scrubbing or washing. Simply let some soapy water run over the incision in the shower daily. Dry the area thoroughly. It is not necessary to cover the incision with gauze unless you have a small amount of drainage (to protect your clothes). The doctor will look at your incision at the post-op visit.

What if I am experiencing a medical emergency after hours?

If you are experiencing an emergency, dial 911 or head to the nearest emergency room. For all other issues, call your surgeon’s office to reach an on-call physician, available 24 hours a day, 7 days a week.



What if I need a prescription renewed?

Prescriptions are renewed during normal office hours by contacting the surgeon’s office. Be aware that pain medication prescriptions cannot be prescribed by an after-hours, on-call physician for patient health and safety reasons. In some instances, the surgeon may require you to return to the office before the medication is renewed.

Notes: _____



