Dr. Roster's Surgery Discharge Instructions

WOUND CARE

__√__ Keep foot elevated at heart level and apply ice for 48 hours. Avoid frostbite!
_____ **Do not remove** dressing. Keep dressing clean and dry. Cover with plastic bag when showering.
_____ You may remove dressing on _____ date. You may shower and pat dry. If steri strips present, leave in place. Do not soak in bath, hot tubs or pools. Do not apply ointments or lotions to incisions.
_____Wear cam boot / post op shoe **at all times** (including bedtime).

ACTIVITY

***Use crutches/walker if needed.**

__√__ Weight bearing**:** _____ Full/as tolerated _____ Partial/toe touch _____Heel touch for balance:
_____No weight on operative foot.

__√__ To maintain strength/flexibility do straight leg lifts and knee bends 3-4 times a day, 20 reps.
__√__ See reverse for post-operative exercise instructions.
_____ **If you received a nerve block, DO NOT** bear weight on operative foot, until block has completely worn off. **(This only applies to weight bearing patients.)**
__√__Do not drive, operate machinery, or consume alcohol for the first 24 hrs after surgery and while taking pain pills.

DIET/COMFORT

__√__ Advance diet as tolerated. Drink extra fluids.

NOTIFY DOCTOR ROSTER (406-721-4436) FOR:

__√__ Unusual chest pain, leg pain or calf pain.
__√__ Chills or fever of 101 degrees or more.
__√__ Signs of infection such as redness, swelling or drainage from the incision sites.
__√__ Persistent nausea/vomiting lasting longer than 24 hrs.
__√__ Questions or problems.
__√__ If you do not urinate in 12 hours, go to the nearest emergency room.

MEDICATIONS

__√__ Resume preoperative medications.
_____ Take one 325mg enteric coated aspirin **(unless allergic)** once a day for ____days to reduce chance of a blood clot.
__√__Use pain pills as prescribed. Most pain medication contains Tylenol (acetaminophen). Check with your pharmacist so you don't exceed the recommended amount of Tylenol in 24 hours.
__√__You may need to take and over-the-counter laxative while taking your pain medications to avoid constipation.
__√__**No Advil, Ibuprofen or Aleve. Discuss resuming these medications with MD at your post-op visit.**
__√__ If you are CPAP dependent, use your machine whenever sleeping or napping while using pain medications.
_____ You have been given the following pain medications:_____ at _____

FOLLOW UP APPOINTMENT _____

__√__ Keep scheduled follow up appointment. Phone 406-721-4436 ext. 550 to verify appointment.
__√__ Have a responsible adult with you for the next 24 hours.

_____

Patient Signature Nurse Date