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## Post-Operative Instructions Short Stay (23 hour)

You are scheduled to stay in the hospital overnight following your surgery. The overnight stay serves several functions. Most patients will be under anesthesia for several hours and the overnight stay will allow you to recover from the grogginess of the anesthesia. We also provide you with a PCA (patient controlled analgesia) pump overnight. This allows you to push a button anytime you are feeling discomfort. The standard routine is to also leave a catheter in your bladder so that you do not have to keep getting up during the night to urinate out all the IV fluids you received in surgery. If you would rather not have the catheter in overnight, this can be removed as long as you can urinate on your own. The next morning, the catheter is removed from the bladder and you are started on oral pain medications. We also check your blood level to make sure that you are not anemic after surgery. If you are doing ok physically and getting adequate pain relief with the oral pain medication you are then discharged from the hospital.

If you are having surgery at Menlo Park Surgical Hospital, one family member is allowed to stay with you in the hospital room without charge on a pullout sofa.

Following your discharge from the hospital:

1. THE RIDE HOME - You will need to have a friend or family member take you home or to your hotel. You cannot take a taxi home from the hospital by yourself; no exceptions
2. THE FIRST NIGHT HOME - You will need to have a friend or family member stay with you the first night home or in the hotel room.
3. PAIN MEDICATION – Good pain management is an important aspect of your care, and can also assist the recovery process. Your pain management will be individualized by Dr. Cook or the Nurse Practitioner and discussed with you before your surgery. Depending on your history and sensitivities it is not unusual to require a narcotic pain medication during the immediate postoperative period.

If you have not been on a narcotic medication at the time of surgery, it is likely you will be prescribed a short acting opioid. Examples of this type of medication are Vicodin, Norco, and Percocet. These medications should provide fairly rapid relief of moderate to severe pain.

If you have already been maintained on a narcotic medication at the time of surgery, or end up needing ongoing pain management, you may be prescribed a long acting opioid. Common examples of this category are Oxycontin and MS Contin. If you are on a long acting form of pain medication you will also be prescribed the short acting version for break through pain and this may be taken according to instructions.

If you are not clear on the instructions do not hesitate to contact us. Our goal is to maintain good pain control and minimize your pain to levels that are more moderate 4-5 out of 10 on the pain scale of 0 to 10. You should be able to comfortably move around without being in severe pain. If this is difficult for you or you are not sure about pain control please contact the office.

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4. THINGS YOU SHOULD CALL ABOUT - Call Vital Health (408.358.2511) if:

- a. you have a temperature that persists above 100.5 degrees
- b. you are having severe, uncontrolled pain
- c. you are feeling worse rather than better (especially the first couple of weeks)
- d. you start itching or develop a rash
- e. you cannot urinate after leaving the hospital

5. SHOWERING AND BATHING - You can take a bath or shower starting with the first night home if you are feeling up to it. Just avoid the risk of slipping and falling. If you are planning on a shower, place a stool in the shower so you can sit down when you get tired. Make sure you have a non-skid surface in the tub if you are going to take a bath. It is ok to get your incision wet and to soak it. If you have Seri-strips, you can get these wet. They should stay on but if they fall off, it's ok, sutures are holding you together.

6. RECOVERING AND ACTIVITY LEVEL (HOW MUCH IS TOO MUCH?) – With time, you will start to feel like doing things. The key is if it hurts, you probably should not be doing it, whatever it is. As you feel up to it, try to be up and doing things. Slowly increase your activity level. You will know that you have reached your limit when you get sore and tired, much like you do after you work out in the gym after being away for a while. The problem is that you may not be sore while you are active, but will usually feel it the next day. If you have made too big a jump in activity, you will feel like something is wrong because you are having so much pain. Remember; slow increases in activity. Too much activity is not going to damage anything inside, but you can pull a muscle or a few muscle fibers, which can result in severe pain on the same level as post-surgical pain. If you overdo it to this extent, it can take weeks or months for the pain to resolve.

You can walk as much as you feel comfortable with. You should not be lifting heavy objects. Don't lift anything you have to grunt to pick up, usually about 20 pounds.

7. DRIVING – Most patients will be ready to resume driving 1 to 3 weeks after surgery. When you are ready depends in a large part on how you are moving and the level of pain you are experiencing. **You should not drive while on narcotic pain medications.**

8. POST-OPERATIVE FOLLOW-UP – You should either have a post-operative office visit or phone follow-up with Dr. Cook within the first two weeks of surgery. If somehow this was not scheduled, please call Vital Health and schedule a time to see or talk with Dr. Cook. You will also have post-op visits and/or phone follow-ups with the Nurse Practitioner.

If you have any questions that are not answered on this sheet please call Vital Health. We would rather hear from you and answer your questions than have you sit at home wondering if something is ok or not.

Dr. Cook and the Staff at Vital Health Institute.