

## **Caring for Myself After Surgery**

### **Getting Ready to Learn About Caring for Myself After Surgery**

Learning something new can be hard if I have had medicine that might make it hard to focus. The nurses will teach my visitor and me what I need to know after surgery. A copy of my instructions will be sent home with me.

### **What I Need to Learn About Caring for Myself After Surgery**

By the time I leave to go home, I will be able to tell the staff how I will:

1. Keep myself safe
2. Know when to call the surgeon
3. Be active
4. Care for my incision
5. What I should eat to heal
6. Eat and drink in order to avoid constipation
7. Manage pain
8. Manage nausea or vomiting
9. Know where to locate my instructions

### **The staff will use three questions to teach me about how to take care of myself after surgery:**

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask my visitor or me to repeat back important points in my own words. They want to make sure that I know how to take care of myself.

### **What is my main problem?**

I have just had surgery and to make sure I get better at home I need to know how to care for myself.

**What do I need to do?**

I will be able to tell the staff how I will keep myself safe. Medications that have been given to me may cause me to be less safe or think less clearly.

On the day of surgery:

- I will not drive a motor vehicle.
- I will not use machinery, power tools, or appliances.
- I will not drink alcohol.
- I will not make important decisions.
- I will go home with an adult.
- I will spend the first night after surgery within 1 hour distance of the hospital.

I will be able to tell the staff when I will call the surgeon's office.

I will call my surgeon right away if:

- I have a fever of more than 101 degree F.
- My pain is not relieved by medicine.
- My wound shows signs of infection like swelling, redness, a bad smell or yellow or green drainage.
- I have chills, a cough or feel weak and achy.
- I am vomiting and cannot eat.
- I am having a hard time breathing, my skin becomes itchy or swollen, or I get a rash. This might mean I am allergic to my medicine.
- I think I'm having side effects from my medicine.
- I start bleeding from my wound or have an increase in bleeding.
- I have not urinated within 12 hours of leaving the hospital.
- I have not had a bowel movement in 3 days.
- I have any questions or concerns.

I will be able to tell the staff how I will be active.

- I will follow my surgeon's instructions.
- I may have muscle aches after surgery. I may feel like resting more.
- I should gradually increase my activity each day as instructed by my surgeon.

I will be able to care for my incision.

- I will follow my surgeon's instructions.

- I will wash my hands before and after I touch my wound or dressing.
- I will keep my dressing clean and dry.
- I may have stitches. These are pieces of thread used to sew my incision together so it can heal. My stitches may need to be removed and my surgeon will tell me when this should happen.
- If my incision is on my arm or leg, I should keep the area at the level of my heart to reduce pain and swelling.
- I should check with my surgeon to see if using ice may help my incision heal faster. Ice causes my blood vessels to get smaller. This helps decrease swelling, pain, and redness. If I am asked to use ice, I will put it in a sealed plastic bag wrapped in a towel. Ice is usually placed on my wound for 15 – 20 minutes every hour as needed. I will not sleep on the ice pack as it could cause frostbite.
- I will call my surgeon's office if I have questions or concerns about my wound or dressing

I will be able to tell the staff what I will eat to help me heal from the surgery.

- I will follow my surgeon's instructions
- I will start out with ice chips and then clear liquids such as water, broth, apple juice and clear soda.
- Once I am able to drink clear liquids, I may eat soft foods.
- If I do not have problems with vomiting or stomach cramps with soft food, I may eat foods I normally eat.
- Eat at least 2 servings of food that is rich in protein each day. Foods rich in protein include meats, chicken, turkey, fish, eggs, beans, peas, and peanut butter.
- Eat 3 servings of dairy foods that are rich in protein. Dairy foods that are rich in protein include yogurt, cheese and milk.
- Eat 5 servings per day of fruits and/or vegetables. These foods are rich in vitamins that will help my incision heal.

I will be able to tell the staff how I will eat and drink in order to avoid constipation.

- Eat whole grain breads and cereals. Eat brown or wild rice instead of white rice.

- Add beans, peas, or lentils to soups and casseroles.
- Choose fresh fruits and vegetables more often.
- Drink plenty of fluids. Set a goal of 6 to 8 cups per day unless my doctor tells me to drink less fluid.
- Avoid drinks with caffeine and alcohol because they increase fluid losses.
- Some pain medicines can cause constipation. My surgeon may suggest a stool softener.

I will be able to tell the staff how I will manage my pain.

- I will probably have pain. I can expect to have my discomfort at a level I can tolerate before I leave the hospital.
- If I am given a prescription for pain, I will take it as directed. I will probably need pain medicine for 1 – 3 days.
- If I have not been given a prescription, I may take a pain reliever that does not contain aspirin. Aspirin can upset your stomach and increase your risk of bleeding.
- My prescription medicine may contain acetaminophen (Tylenol, APAP). I will look at labels of any medicine I may take for other reason than pain. I do not want to take more acetaminophen than my surgeon has prescribed. I could accidentally take too much acetaminophen and hurt my liver.

I will be able to tell the staff how I will manage any nausea and vomiting.

- It is important to rest if I am feeling sick to my stomach or am vomiting.
- If I feel sick after eating, I will drink clear liquids only, and then I will slowly start on soft foods. If I am still nauseated or vomiting I will not eat or drink anything for 2 hours. Then I will try clear liquids again. I will call the surgeon if I do not start feeling better.
- I will take my medicine with food if the directions on the bottle tell me to.

I will be able to tell the staff where I can find information about caring for myself after surgery.

- Surgeon's instructions
- Surgery specific instructions
- Surgery specific information

- Caring for Myself After Outpatient Surgery Education Plan
- Equipment or supplies instructions

**Why is this important to me?**

To recover fully, I need to take good care of myself and stay safe.

As part of my care I have received this education plan.

## Caring for Myself After Outpatient Surgery Education Plan

### Resources for Staff

- [Discharge Instruction for Incision and Drainage](#)-Nursing Reference Center Plus
- [How to Eat After Surgery](#)-Nursing Reference Center Plus
- [Lippincott Manual of Nursing Practice, Nursing, Chapter 7 Perioperative Services](#)
- Surgical Care Unit Manual – PACU. Policy F-07: Discharging Patients from Post Anesthesia Care Unit

### Teaching Tools (Items Given to the patient)

- Caring for Myself After Outpatient Surgery Education Plan
- Surgeons Discharge Instructions
- Surgery Specific information if applicable
- Equipment and supplies instructions if applicable

### References

1. [How to Eat After Surgery](#)- Nursing Reference Center Plus
2. [Discharge Instruction for Incision and Drainage](#)- Nursing Reference Center Plus
3. *Lippincott Manual of Nursing Practice* (9<sup>th</sup> ed., pp. 1-62).
4. “Patient Care.” *Perioperative Services* (pp.3-4:1 –3:61) ASPEN 2005
5. “Preparation for Discharging the Patient.” *Clinical Anesthesia* (6<sup>th</sup> edition) 2009
6. “Discharge Instructions in the Outpatient Setting: Nursing Considerations.” *Journal of Radiology Nursing* 27.1
7. “AORN Guidance Statement: Postoperative Patient Care in the Ambulatory Surgery Setting” AORN 81.4. *nursing consult*.
8. “The Impact of Diagnosis Specific Discharge Instructions on Patient Satisfaction.” *Journal of Perianesthesia Nursing*, June, 2009.
9. “Discharging Patients from Post Anesthesia Care Unit.” (2007, October). SCU Manual (f-07)

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