SEDATION | POST-OP INSTRUCTIONS

- Sedated patients cannot drive for 24 hours after sedation.
- Patient cannot operate any hazardous devices for 24 hours.
- A responsible person should be with the patient until they have fully recovered from the effect of sedation (at least 6 hours)
- Patient should not go up and down the stairs unattended. Let the patient stay on the ground floor until recovered.
- Patient can eat whenever and whatever he/she wants, unless otherwise instructed from specific post-operative instructions.
- Patient needs to drink plenty of fluids as soon as possible.
- Patient may sleep for a long time or may be alert when they leave. Attend both alert and sleepy patient in the same manner; don't leave them alone.
- Always hold patient's arm when walking.
- Call us if you have any questions or difficulties. If you feel that your symptoms warrant a physician and if you are unable to reach us, go to the closest emergency room immediately.
- Vomiting may occur and if it persists, stop taking your medication and contact our office.

Following most surgical procedures there may or may not be pain, depending on your threshold for pain. You will be provided with medication for discomfort that is appropriate for you. In most cases, a non-narcotic pain regimen consisting of Tylenol (acetaminophen) and/or Advil (ibuprofen). These two medications taken together will and can be as effective as narcotic without any of the side effects associated with narcotics. If a narcotic has been prescribed, follow the directions carefully. If you have any questions about these medications interacting with other medications you are presently taking, please call our office first, your physician and/or your pharmacist.

Medications:

- Take only when checked
- Antibiotic - fill prescription and take as directed
- Tylenol (Acetaminophen) - take two (up to 500 mg) every 8 hours
- Advil (Ibuprofen) - take two (up to 600 mg) every 6 hours.

Problems or questions:
Do not hesitate to call our office to report any unusual conditions or complications. There is no charge for post-op evaluations for procedures performed at our office, so please return if you have any concerns.

I have read the above instructions and agree to follow them.

Signed _____ Date _____