
POST OPERATIVE INSTRUCTIONS: ABDOMINAL SURGERY

MEDICATIONS:

- _____: Take _____ every _____ hours if needed for pain. Substitute Tylenol for mild pain. Do not drive or drink while using this medication. Avoid Aspirin and Ibuprofen products until 2 days. On the third day you may start Ibuprofen (Motrin, Advil) 600 mg 3 x a day.
- Valium 5 mg every 6 hours as needed for muscle spasm. You may take ½ pill if spasm not severe.

INSTRUCTIONS:

- Make an appointment to see Dr. Hoffman 3-5 days after surgery on _____
- Sleep with 1 pillow under your head and one under your knees. Get plenty of rest the first 2 days.
- You may shower the next day. Remove all dressings and wash the wounds daily with soap and water. Then replace the dressing and binder after your shower.
- You may shower with your drains. Please take tension off of your drains by placing them on a soap dish in the shower or on a string around your neck.
- You have Dermabond (superglue) on your incisions. Keep the wound and dressing area clean and dry. At 2 weeks start using Vaseline to remove the glue. You will then be instructed in scar care. If you have steri-strips, you may trim them if they start to lift off of your skin.
- You may become **constipated** due to the pain medications and should begin a stool softener (i.e. Colace) after surgery. If you have gone several days without a bowel movement, start with a laxative and then, if no result, use a Fleet's enema (available at all drug stores).
- Your binder or compression garment it must be worn at all times, even at night.
- Walk with a slight bend for the first three days, then walk upright. Avoid housework and driving for a week. Do not stretch at waist. No exercise, lifting or straining until approved by Dr. Hoffman.
- Measure and record your drains twice a day. Bring those numbers with you to the office. If your drain is over 200 ccs at one setting, please call the office.
- Call the office if you experience unusual pain, redness, swelling, bruising, bleeding or sustained fever.

Physician Signature

Date

Patient/Family Member Signature

Date