

Post-Op Instructions

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ABOUT THE OFFICE

We are located just across the parking lot from Gilbert Hospital, 5656 S. Power Road. Our office is Suite 116, the closest building & office to the Hospital entrance.

Office Hours

Monday – Thursday, 8-4:30; Friday 8:00 – 4:00. The office closes for lunch daily from Noon - 2:00. If you need to reach the office during closed times, please call our answering service directly at 602-667-4525.

Appointments are available Monday and Wednesday mornings. Please call 480-854-8124 for your follow-up appointment as soon as possible after you are home.

When you come to the office, bring your insurance cards and a picture ID, such as your driver's license.

We will be happy to complete your disability and FMLA forms for you. There is a \$25.00 fee for this, paid in advance. Most of the time the forms cannot be completed until after Dr. Tahir has released you at your follow-up visit. Please understand we often have as many as 10 or more at a time to complete, so they will not be done while you wait. We know how important these forms are for you & will complete them as soon as we can.

If you do not have insurance, cash pay pricing is available and should be discussed with you prior to surgery date.

Dr Tahir is typically in the office only at the above appointment times. There are trained personnel in the office to speak with you and answer your other questions and Dr Tahir is always available for us to reach, if needed.

5656 S Power Road Ste 116; Gilbert, AZ 85295

Phone: 480-854-8124 Fax: 480-854-8165

Located one quarter mile south of Ray Road on the west side of Power

Patients

Read this information *before* calling the office with questions after surgery. Most all your questions will be answered here.

GENERAL POST-OP INSTRUCTIONS

● GOING HOME

Many surgeries are now done on an out-patient basis. Some Gallbladder and Hernia surgery patients, to name a couple, are now being released to go home either from the recovery room or a few hours later. While you may not physically *see* Dr. Tahir, he is in contact with those caring for you and may release you to go home if he is satisfied you are doing well. If you have concerns about going home, discuss this with your nurse and she will get in touch with Dr. Tahir.

● FOLLOWING UP AFTER SURGERY

Most patients are seen for follow-up 10 days after surgery. You must call the office to make your follow-up appointment. Please call as soon as you get home from the hospital. Some patients will be instructed by Dr Tahir to be seen earlier than 10 days; this is usually patients who have drains. If you are told at discharge to follow-up sooner than 10 days and you do not have a drain, please ask if Dr Tahir specifically said to follow up before 10 days.

● PRESCRIPTIONS & PAIN

You may be given a prescription for pain medication when you are discharged. Do not increase the amount of medication prescribed or take the medication differently than prescribed. Pain medications can easily cause constipation and increased gas, which causes more pain. Requests for refills must be called to the office, before 3 PM, Monday through Thursday and before 10AM on Friday. Percocet cannot be called; it must be a written prescription from Dr. Tahir. Please keep this in mind as Dr Tahir is not in the office every day. Do not call the doctor for prescription refills during off hours. If your pain is severe, and it is not relieved by pain medication, go to the Emergency Room of the hospital where the surgery was performed. Dr Tahir only goes to Banner Baywood, Mountain Vista Medical Center & Tempe St. Luke's. He will not be able to help you in other Emergency Rooms. There is little that can be done in the office for severe (level 8-10) post-op pain; that type of pain requires investigation to determine why it is present.

BANDAGES & WOUND CARE

● GENERAL WOUND INSTRUCTIONS

Keep the wound dry and covered the first 48 hours. Do not use Neosporin, alcohol, peroxide or any products on the wound unless specifically instructed to do so by Dr. Tahir. Do not remove or change dressings except as instructed below.

● OP-SITE DRESSINGS

Op-site is a clear dressing placed over your incision in the operating room. It looks like a piece of plastic or Saran wrap. As long as there is no leakage from this dressing, leave it in place until your post-op visit. You may see blood or fluid under the dressing; this is normal and the dressing does not need to be removed or changed. You may shower with Op-Site dressings in place.

If the blood or fluid leaks out around the edge of the dressing, you may gently remove the Op-Site. For the first 48 hours, keep the incision lightly covered with a dry, sterile, gauze dressing. After 48 hours you may leave the incision uncovered. If your clothing irritates the incision, cover it lightly with a dry gauze dressing. Do not put any ointments or creams on your wound, including Neosporin, alcohol or any other product.

● GAUZE BANDAGES

If you have a traditional bandage over your wound, such as gauze, leave it in place for 48 hours, unless Dr. Tahir instructs you otherwise. After 48 hours, you may remove the bandage and you may shower. If your clothing irritates the wound, or if there is still some minor bleeding or fluid, you may cover it lightly.

● STAPLES or SUTURES (STITCHES):

Keep the staples or sutures lightly covered for the first 48 hours. After this, you may shower and you may remove the dressing unless it is an OpSite as described above. Cover the wound lightly only if your clothing irritates it or if there is leakage. The staples will be removed 7 to 14 days after surgery, depending on the location of the wound and the doctor's discretion. Some areas of the body, such as the back, and over any joint, are subject to more movement, and the staples or sutures may be left in longer. Sometimes only some of the staples are removed at one visit, and the remaining at another visit. We will make this decision at your post-op visit. After staples or sutures are removed, your wound may be reinforced with Steri-strips; leave these in place. If they have not come off on their own in 10 days, you may remove them.

When there are no sutures or staples visible you probably have "invisible" suturing. There may be a tiny knot at each end of the incision that feels like fishing line. This will dissolve and fall off in 6 to 8 weeks.

- **STERI-STRIPS**

Steri-strips look like narrow pieces of reinforced tape. Do not remove these strips, even if they are soiled. Steri-strips are a method of wound closure, just like sutures and staples. We will remove them at your post-op visit. You may shower with Steri-Strips in place.

- **DRAINS (JP Drains)**

Some patients will have drains in their wounds after surgery. These drains will carry away excess fluid from your incision site that would otherwise build up under your wound. The determination of when to remove the drains will be determined on the amount of fluid drained in a 24 hour period. You will need someone to “milk” the drains to keep them open. To accomplish this, do the following: Lubricate the right thumb and first two fingers with KY Jelly or water. With the left hand, pinch the drain tube tightly, where it exits the skin or dressing. With the right thumbnail and fingers, squeeze the drain tube next to where it is being pinched with the other hand. Slide the right thumbnail and fingers down the length of the drain to the bulb, carrying along the fluid in the tube down into the bulb. Repeat as necessary. Do this several times daily. Keep accurate records of the drainage and total every 24 hour period. The drain site is bandaged with a 4×4 gauze pad, with a slit cut to fit around the drain tube. You may shower 48 hours after surgery. Remove the dressing and replace with dry ones when showering is complete. You can use a long length of string or cording to loop around the neck to hold the drain(s) while showering. (Some patients find this a comfortable way to hold them in place all the time.)

- **PENROSE DRAINS**

This type of drain is a flat tan tubing (similar to a collapsed balloon) that extends from the wound. This drain requires no special care or milking; just change the gauze covering it as it becomes soiled.

- **SHOWERING & BATHING**

Your skin is the first line of defense against infection. After the first 48 hours, you may shower. If you have gauze bandages, remove them to shower and replace with a clean, dry bandage after showering. For Op-site or Steri-strips, leave them in place. You may *gently* cleanse your wound with soap and water, and dry. Showering is recommended over tub bathing, due to getting in and out of the tub, and prolonged soaking of wounds in the tub.

- **DIET**

Except for the first 24 hours after surgery, when a liquid diet is recommended, there are no dietary restrictions. (If nausea is a problem, stay on liquids until the nausea subsides.) You may eat your usual diet. For patients who have restricted their diet on their own, such as Gallbladder patients, introduce foods you had avoided back into your diet gradually, as you desire. For patients having colon surgery, you will be instructed as to your diet in the hospital.

- **ACTIVITES**

Move about as you are able. It is important to walk about your home and keep moving. Each day you will be able to do a little more. Do not do strenuous activities such as lifting, sweeping, mopping, yard work, etc until you have seen the doctor.

- **DRIVING, RETURNING TO WORK, ETC.**

Do not drive, return to work or resume an exercise regimen until after you discuss these things with Dr. Tahir at your post-op visit.

SURGERY SPECIFIC POST-OP INSTRUCTIONS

- **INGUINAL (GROIN) HERNIA:**

It is normal to have some discoloration of the skin in the groin area and extending into the scrotum and penis. There may also be some swelling in this same area. If swelling is worsening, stay off your feet & apply an ice pack to your groin.

- **LAPAROSCOPIC GALLBLADDER REMOVAL:**

The uppermost incision in the center is the one that will cause the most discomfort, due to the muscle underneath. While this can be quite uncomfortable for a while, it will get better.

- **PPH / HEMORRHOID / RECTAL SURGERY:**

Start sitz baths 6 hours after surgery, always after a bowel movement, and several times daily. PPH (Staple Hemorrhoidectomy) patients are to remove the rectal packing with the first sitz bath. There will be a piece of the sponge packing hanging on the outside of the anus; pull gently on this to remove the packing. (It may come out of its own accord.) Some patients with rectal surgeries will have an absorbable packing in the rectum. It may come out of its own accord or with a bowel movement. This is nothing to be concerned about, it is normal. Patients may experience rectal bleeding (spotting) for up to 8 weeks after surgery, this is normal.

- **UMBILICAL AND VENTRAL HERNIA REPAIR:**

Purchase an abdominal binder if one is not provided for you at the hospital and wear the binder for three weeks after the surgery; it may be worn slightly loose. After a hernia is repaired it is not unusual to have a collection of fluid under the skin where the hernia was located. This may be hard & you may think the hernia is still there. Give it some time – a few weeks - & it will gradually become soft again.

● MASTECTOMY

We advise limited shoulder movement/activities of the affected side for 5 to 7 days post-op. But, do not hold your arm against your body in a cradling manner or wear a sling. There must be some gentle movement of the entire arm or the elbow and/or shoulder joints can freeze. You will begin doing some light exercises after you go home. One of these is: Bend over slightly from the waist, allowing the arm on the surgery side to hang free. Slowly move the arm in a large circle as it hangs down. Do this two to three times daily. Do not do any rigorous exercise, housework or driving.

● WHEN TO SEEK HELP

Remember that there is little that can be done for you as a Post-Op patient in the office as we do not have a lab or x-ray facility onsite. Therefore, most often we will advise you to return to the Emergency Room of the Hospital where you had surgery. If you happen to go to a different facility, please know that it may be very difficult for Dr. Tahir to follow your care if there are post-operative complications.

GO TO THE EMERGENCY ROOM:

- If you are unable to urinate
- If your temperature is 101° or more when measured with a thermometer
- If your pain is severe & unresponsive to pain medication
- If you are bleeding heavily – severe bleeding call 911 & apply direct pressure
- If you are unable - for more than 12 hours - to hold any fluids or solids down
- If you have severe diarrhea – many bowel movements, watery in consistency
- If you are very lightheaded, dizzy or pass out.
- If your scrotum swells larger than a baseball (Inguinal Hernia Patients)

We are happy to assist you with any questions not covered here or if you are more comfortable speaking with someone.

Please do not hesitate to call at 480-854-8124.