The following instructions will help you care for yourself, or be cared for upon your return home today. These are guidelines for your care after your surgery only.

**Medicines**
- Prescriptions sent home: ________________________________
- Non-aspirin over the counter medicine for pain: ________________
- Start own medicines.
- Take stool softener and bulking agent, such as Metamucil, medicines ordered by your doctor.
- May take milk of magnesia or magnesium citrate.

**Diet**
- Eat high fiber foods, such as oat bran, grains, vegetables, fruits, and 8 glasses of water a day.
- Drink plenty of liquids and eat light meals today.
- Start your regular diet tomorrow.

**Activity**
- May return to work / school on ________________________________
- Resume normal activities in 7 days.
- No vigorous activity or heavy lifting for
  - 2 weeks
  - 4 weeks

**Wound Care and Hygiene**
- Follow Home Care Instruction Sheet for home care after:
  - Hemorrhoidectomy
  - Pilonidal Cyst
  - Fissurectomy
May remove outer dressing with first bowel movement.

Take sitz bath 3 times per day and after each bowel movement.

Place cotton ball over anal opening. To remove cotton ball, soak in sitz bath. Clean yourself with a cotton ball.

You may have packing in your anal canal. This may pass with your first bowel movement. It can be flushed down the toilet.

Anesthesia Precautions and Expectations

After anesthesia, rest for 24 hours. Do not drive, drink alcoholic beverages or make any important decisions during this time. General anesthesia may cause a sore throat, jaw discomfort or muscle aches. These symptoms can last for one or two days.

What to Expect After Surgery

Minimal drainage from the incision up to 4 to 6 weeks.

Mild to moderate discomfort and tenderness.

Call your doctor for:

Questions or problems

Pain not relieved with medicines

Increased amounts of redness, bleeding or any excess drainage (pus) from the incision

Temperature above 101 degrees

Problems with urination

Other Instructions: ________________________________

Call your doctor's office at _________________ to make a follow up appointment in _________ weeks.

If you have questions or problems, call your doctor's office at _________________.

If you are unable to reach your doctor, call:

- The hospital operator at (614) 293-8000. Ask for the resident on call for your doctor.
- (614) 293-8333 - OSU Emergency Department.

I have a copy of and understand the above instructions:

______________________________________________

Patient or Responsible Person

______________________________

Physician's Signature / Date

______________________________

Nurse's Signature / Date