

PSI Surgery Center, LLC.

9985 Dayton Lebanon Pike

Centerville, Ohio 45458

(937) 886-2980

GENERAL DISCHARGE INSTRUCTIONS

1. The medication or sedation given to you will be acting in your body for the next 24 hours because of this you may experience sleepiness, dizziness, and/or some light headedness. These feelings will wear off slowly. **Therefore you should not:** stay alone, drive a car, operate machinery, power tools, drink alcohol including beer, make important decisions or sign legal documents.
2. Eat a light diet following surgery. Avoid spicy or gaseous foods. If you experience any nausea fluids that are clear and high in sugar are recommended. (Gatorade, soda, Kool-aid, nonacid juices).
3. Be sure to get plenty of rest to allow your body to recuperate faster. However, you need to get up and walk around your house at least every 2 hours during the day to prevent blood clots.
4. The following medications may have been ordered. **Take medication with food.** Take as directed.

MEDICATIONS:

- _____ **DOXYCYCLINE** (Antibiotic) 100 mg: Take one tablet twice a day until gone.
- _____ **VICODIN** (Hydrocodone & Acetaminophen) Take one tablet every 6 hours as needed for pain.
If needed take two tablets every 4 hours, only for the first 24 hours after surgery.
- _____ **PERCOCET** (Oxycodone and Acetaminophen) Take one every 6 hours as needed for pain.
If needed take two tablets every 4 hours, only for the first 24 hours after surgery.
- _____ **ROBAXIN** (Methocarbamol) Take one tablet every 8 hours as needed for muscle spasms.
- _____ **ZOFRAN** (Ondansetron) one every 6 hours as needed for nausea/vomiting.
- _____ **COLACE** (Docusate Sodium) 250 mg: take one capsule daily as needed for constipation.

Additional Medications: _____

Additional Instructions: _____

If you have any problems after our office closes at 5 p.m. or on the weekend please call **937-886-2980** to be connected to the emergency on call service.

Your follow-up appointment is scheduled on: M T W TH F _____ at _____ am pm

Copy received by: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____