



ORANGE OFFICE BASED SURGERY, PLLC

Ran Y. Rubinstein, MD

POST-OPERATIVE INSTRUCTIONS

Patient: _____

Surgery Date: _____

Post-Operative Instructions for **Excision Lesion**

IN CASE OF AN EMERGENCY

- During business hours: call the office @ **845-562-6673**
 - After hours or weekends: call Dr. Rubinstein's pager @ **888-235-9868**
 - **Avoid** going to the emergency room without contacting the office first for further instructions.
1. Rest on the day of surgery. Drink plenty of clear liquids during the first two days following surgery. You can eat whatever you feel like, however it is suggested that you begin with soups, toast, or other easily digested foods. Do not drink alcoholic beverages including beer and wine, for the next 24 hours. On the following day you can do those activities that you feel able to do and resume your normal activities as your physician directs.
 1. Nausea and vomiting can occur during your ride home. This is a common occurrence and is normal for many patients. If the nausea does not subside within 6 hours, you should contact your physician.
 2. You may feel dizzy, lightheaded or sleepy for 12 to 24 hours after your procedure. This is perfectly normal, but you should not drive or operate any mechanical or electrical device until this feeling has worn off.
 3. You should not sign any important documents or make important decisions for 24 hours after your procedure.
 4. Discomfort or pain is usually relieved by pain relievers as prescribed by your doctor. Stomach discomfort and/or nausea can be caused by oral pain medication if you have not eaten some food; e.g., crackers and soup.
 5. If antibiotics were prescribed assure that you finish the prescription.
 6. Call for a follow-up appointment with your doctor if you have not already done so.
 7. If you have a dressing, follow the directions of your doctor. Generally; you should keep your dressing dry and in place until you are instructed to remove it.
 8. **It is very important that you wash your hands before changing your dressings or touching your surgical site.**
 - Touch surgical site or area around incision as little as possible.
 - Keep everything that comes in contact with the area as clean as possible.
 - No soaking of wound in water (including Jacuzzi) until sutures or staples are out and wound is completely healed. May shower after 48 hours.
 - Refer to your discharge instructions regarding how often to change the dressing.
 - Watch for signs of infection:
 - **Increased redness or swelling**
 - Increased pain
 - Purulent (thick yellowish drainage) drainage from the incision
 - Fever above 100 degrees.
 - Red streaks from incision
 - **For any of the above symptoms, contact our office right away.**

POST OPERATIVE INSTRUCTIONS FOR SKIN GROWTH REMOVAL

1. Apply ice to the surgical site on 10 minutes off 10 minutes as much as possible for the first day.
2. Band-Aids should be replaced as long as there is minor oozing of blood so as to avoid soiling of your clothing and bedding.
3. Keep clean by cleaning incisions with peroxide soaked Q-tips (non sterile) followed by application of Polysporin antibiotic ointment. Avoid using other ointments such as Neosporin as this can result in an allergic skin reaction.
4. You may shower and wet the surgical site in 48 hours.
5. No heavy lifting or straining for 1 week.



ORANGE OFFICE BASED SURGERY, PLLC

Ran Y. Rubinstein, MD

POST-OPERATIVE INSTRUCTIONS

Patient:

Surgery Date:

6. Sutures (if used) are removed around the 6th to 7th day after surgery. There is minimal discomfort. Expect minor oozing after suture removal for a few hours. The skin edges can appear reddened.
7. Once the sutures have been removed, begin applying Scar Fade gel twice a day. The active ingredient, silicone, has been shown to facilitate healing. New studies have shown that other products such as Vitamin E do not speed up the recovery.
8. Sun block should be worn in areas that are exposed to the sun for the next 3 months. Excessive sun exposure can lead to hyper (excess) pigmentation in the surgical sites.

I hereby acknowledge receipt of post-procedure instructions. I have read and understand the instructions.

Patient Signature	Date	Coordinator Signature	Date
-------------------	------	-----------------------	------

Ran Y. Rubinstein, MD	Date	Nurse Signature	Date
-----------------------	------	-----------------	------

Revised 6-9-09