

SIERRA AMBULATORY SURGERY CENTER 530-272-3428
SPINAL CORD STIMULATOR DISCHARGE INSTRUCTIONS

1. During your procedure you had Anesthetic Sedatives.
2. You may be dizzy, lightheaded, or sleepy for 24 hours or longer. Do not drive or operate any motor vehicle, hazardous equipment during this time.
3. Rest – limit your activities on the day of surgery.
4. DIET: _____No restrictions _____ Clear liquids for the first 2 hours and keep your diet light for 24 hours _____Increase fluids.
5. CARE OF DRESSING:
Keep dressing dry and intact until you see the doctor at your Post-Op appointment
DO NOT SHOWER until the doctor tells you that you may.
6. Take antibiotics as they are prescribed. Prescription called to _____
7. Call Dr. Porter/Willis for any of the following:
Significant redness or drainage at incision site
Elevated temperature above 101.5 degrees
Pain not controlled with medications
Increased bleeding, persistent vomiting; Increased swelling of extremities or persistent weakness, numbness or cold to touch.
Inability to urinate.
It is normal to have some soreness for several days following the procedure.
DO NOT hesitate to call Dr. Porter/Willis if you experience any problems or have any questions following your procedure. To reach Dr. Porter call 530-272-3428 or Dr. Willis at 530-745-9615. If unable to reach your doctor call or present to Sierra Nevada Memorial Hospital Emergency Room or Auburn Faith Hospital Emergency Room.
8. A responsible adult should be with you following surgery for the first 24 hours.
9. Your postoperative appointment will be tomorrow at _____
10. Any blood thinners may be resumed tomorrow. Diabetic medications should be resumed once back to your regular diet.
11. Additional Instructions: _____
12. Both verbal and written instructions provided to patient by representative. Copy on file.

I hereby acknowledge that I have received, read and understand all instructions given to me today.

Patient Signature

Discharge to: Family Friend

Discharge Nurse Signature

Date/Time