

EVAR DISCHARGE INSTRUCTIONS



Medication:

- Do not drink beer, wine, or hard liquor or take recreational drugs while in pain medication.
- Take a gentle laxative such as Senekot S daily as directed if constipation becomes a problem. Pain medication may cause constipation.
- If you take a medication called METFORMIN please HOLD this medication for 48 hours after your procedure
- Take acetaminophen 325mg 2 tablets orally every six hours as needed for discomfort.
- Resume all Pre-procedure Medication unless instructed otherwise
- Take pain medication IF prescribed and as directed.

Activity:

- No lifting over 10 pounds (*bag of groceries*) for 2 weeks
- No twisting, bending, or strenuous activity for 2 weeks. Examples are vacuuming, swinging a golf club, or shoveling snow.
- No driving for 2 weeks. You may ride in a car. Stop and take a short walk every hour.
- Walk often, short distances at first and increase slowly. You may go up and downstairs. • Avoid sitting in a straight-back chair longer than 30 minutes for 2 weeks.
- Expect a recovery period of 2-4 weeks.

Diet:

- Resume the diet you were on before surgery.
- Eat fruits, vegetables, and bran products to avoid constipation.

Incision:

- Keep the incision dry. Apply dry gauze if there is drainage, and call the doctor. Your incision will take a couple of months to heal.
- You may shower 2 days after surgery. Gently pat the incisions dry with a towel.
- No bath, whirlpool, or swimming for 3 weeks.

Call your surgeon if any of the following conditions develop after discharge:

- Redness or drainage from the incisions
- Fever above 101° F (38.3C)
- Increased abdominal pain, bloating, nausea, vomiting, or persistent diarrhea
- If a leg becomes cold or painful

If unable to reach your doctor, go to the nearest emergency room

Call the office at 732-641-8346 within 24 hours for an appointment if not scheduled prior to discharge.

The office will advise of the testing needed prior to this visit. *I have read and understood the above instructions.*

Patient Signature

Date

Care Provider reviewing instructions Signature

Date/Time

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