Instructions following *(Surgery Name Here)*

Dr. XX

**Activity Restrictions:**

- Mention activities the patient must avoid (no swimming or heavy lifting, for example) in the days following surgery.

**Pain Medications:**

- Mention the level of pain to expect after surgery.
- Note any pain medications prescribed to the patient along with dose and timing instructions so patients take the medications as directed.

**What to Expect:**

- Describe normal side effects, including swelling, oozing from dressings and sore throat, for example.
- If ice packs or heat packs are indicated, mention that here.
- Mention any abnormal side effects that would require the patient to call the surgeon's office or go to the emergency room.

**Diet:**

- Note dietary restrictions (eating only soft foods, for example) as well as recommended foods. Emphasize that good nutrition is important for proper healing.

**Follow-up Appointment:**

- Include instructions for scheduling the post-op appointment, including the timeframe for when the patient needs to see the surgeon. Note the surgeon's office number.

**Questions/Concerns:**

- List who patients should call on weekdays and during weekend hours. Include applicable phone numbers.