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**FOLLOW-UP APPOINTMENT:**

- ( ) Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ( ) Call: 745-8100 to schedule a follow-up appointment within \_\_\_\_\_ days / weeks.
- ( ) No follow-up appointment is necessary

**WOUND CARE INSTRUCTIONS:**

- ( ) Your wound was closed with dissolving sutures under the skin. No sutures or staples need to be removed.
- ( ) Steri-strips were placed on the skin over the wound. These should stay on for 10-14 days or until they fall off on their own.
- ( ) Your wound was closed with staples. These need to be removed in 7-10 days.
- ( ) Your skin was closed with non-dissolving sutures that will need to be removed in 7-10 days.
- ( ) An outer dressing of gauze and plastic adhesive or tape was placed over the steri-strips or staples. Leave this bandage on for about 72 hours and keep it dry. After 72 hours, you may remove this bandage and leave wound open to the air. If there are steri-strips under the bandage, leave them on for 10-14 days.
- ( ) Keep your wound dry for about 72 hours from the time of surgery. After 72 hours, showers are OK. Let the shower water run gently over the wound. Do not soak in a bath tub, hot tub or swimming pool for 2-3 weeks after surgery.
- ( ) Your wound was left open and packed with gauze. The packing needs to be changed twice a day until the wound heals.
- ( ) Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATHOLOGY RESULTS:**

- If tissue was removed during your surgery, it may have been sent to the pathologist for further tests. These results will be available in about a week.
- ( ) The office will call you with pathology results in about a week or when they are available to us.
  - ( ) Pathology results will be discussed with you at your follow-up appointment.

**ACTIVITY / WORK LIMITATIONS:**

- ( ) Do not lift or carry more than \_\_\_\_\_ pounds.
- ( ) No sit-ups, push-ups, running, skiing, snowboarding, contact sports, snowmachining, 4-wheeling.
- ( ) No prolonged or repetitive bending, stooping, crawling.
- ( ) May walk as tolerated. May jog slowly or use a stationary bike, elliptical trainer or treadmill as tolerated.
- ( ) May do light housework or office work.
- ( ) Duration of limitations: \_\_\_\_\_ days / weeks.
- ( ) Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ( ) I recommend you be released from work / school responsibilities for \_\_\_\_\_ days / weeks.

**DIET:** ( ) You may resume eating a normal diet as soon as you feel comfortable doing so.

- ( ) \_\_\_\_\_

**POTENTIAL PROBLEMS:** If you experience any of the following problems, call the office at 745-8100, or go to the Emergency Room:

1. Severe pain that is not getting better with time.
2. Fevers, chills, increased redness around your wound, drainage of pus from the wound.
3. Dizziness, shortness of breath, chest pain, light headedness.
4. Persistent nausea and vomiting.
5. Persistent or heavy bleeding. A little ooze on the bandage is OK.

Patient identification label