



## Breast Biopsy General Discharge Instructions

**Procedure:** Breast Biopsy

**Activity:** Avoid excessive exercise today and return to normal activity as comfort allows

**Diet:** Begin with liquids and light foods, then progress to usual diet. There are no dietary restrictions.

**Medications:** Resume usual medications or as instructed by physician.

**Rx** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General information relating to pain medications and after receiving anesthesia:

1. Take pain medications with food or milk to reduce stomach irritation.
2. Do not drink alcohol, make important decisions, or drive for 24 hours after anesthesia and while on narcotics.
3. Pain medication can cause drowsiness; do not drive or do anything that requires mental alertness (using power tools).
4. Most pain medications tend to have a constipating effect; drink extra fluids and increase fiber/bulk in your diet (whole grains and cereal, fresh fruit, and vegetables).

**Dressing:** Keep clean and dry for 48 hours, then you may remove the dressing to shower, pat dry and replace the dressing with band-aid if desired.

**Special Instructions:** You may want to wear a bra day and night for comfort.

If any bleeding develops through the dressing, try gentle pressure with your fingers to stop it. If bleeding continues, call your physician.

**Doctor Appointment:** Call Dr. \_\_\_\_\_ for a follow-up appointment \_\_\_\_\_

Office Phone Number: **509-338-0632**

**Call Doctor If:** 1. Your pain is not controlled by your pain medications.

2. Your bandage becomes wet, soiled, or saturated with blood.

3. You have chills or temperature over 100.5 or other signs of infection.

4. You have redness, swelling, or excessive bleeding or drainage from your incision.

5. Nausea or vomiting that is not relieved.

**OR contact Pullman Regional Hospital Same Day Services (509) 336-7570 and ask to speak to a nurse, explain the problem you are experiencing.** The nurse will advise you and help you contact your surgeon or one of their partners.

These instructions have been explained to me and I have received a copy.

Patient/Escort Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DISCHARGE FOLLOW-UP

Procedure: \_\_\_\_\_

Phone: \_\_\_\_\_

Okay to leave message/talk to family member? Yes/No    Parent/Family Name: \_\_\_\_\_

1<sup>st</sup> Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

- Left Message
- No Answer
- Spoke with patient/family

2<sup>nd</sup> Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

- Left Message
- No Answer
- Spoke with patient/family

Spoke with:     Patient     Spouse     Parent     Other: \_\_\_\_\_

Is your pain controlled by your pain medications?

Yes     No: \_\_\_\_\_

Are you able to tolerate food/fluids?

Yes     No: \_\_\_\_\_

Any problems with circulation or sensation? (i.e. numbness, tingling, swelling?)

Yes     No: \_\_\_\_\_

Is your dressing clean, dry, and intact?

Yes     No: \_\_\_\_\_

Do you have any questions regarding your discharge instructions?

Yes     No: \_\_\_\_\_

Are there any concerns or compliments that you would like us to know about?

Yes     No: \_\_\_\_\_

Physician's Office Notified of concerns     NA

Comments: \_\_\_\_\_

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