

**INDRU KHUBCHANDANI, MD
JOHN STASIK, MD
DAVID BUB, MD**

**PLEASE RETURN TO OUR OFFICE _____
FOR YOUR FOLLOWUP APPOINTMENT.**

**YOUR ACTIVITY MAY INCLUDE:
GOING UP AND DOWN STAIRS SLOWLY
WALKING INSIDE THE HOUSE OR OUTSIDE IF THE WEATHER
IS SATISFACTORY
LIGHT HOUSEWORK IN 6 WEEKS
YOU MAY DRIVE A CAR IN 3 WEEKS FROM SURGERY
NO HEAVY LIFTING FOR 3 MONTHS**

**AT YOUR FIRST APPOINTMENT WE WILL DISCUSS RETURN TO WORK AND
RETURN TO SPORTS AND EXERCISE.**

**INCISION - YOU MAY ALLOW THE BATH WATER OR SHOWER TO FLOW
OVER YOUR INCISION. YOU MAY WASH THE INCISION GENTLY WITH
SOAP AND WATER. IT IS COMMON TO FEEL PULLING OR SHARP
STICKING SENSATIONS IN THE AREA OF THE INCISION AS IT IS
HEALING. THESE SENSATIONS ARE A RESULT OF NORMAL HEALING.
IF YOU DEVELOP ANY FEVER ASSOCIATED WITH REDNESS OR
SWELLING OF THE INCISION, PLEASE CALL OUR OFFICE.**

YOU MAY RESUME YOUR NORMAL MEDICATIONS.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE OFFICE
(610) 433-7571**