



Children's Urology of Virginia

8700 Stony Point Parkway, Suite 250

(804) 272-2411

Richmond, VA 23235

**Pediatric Surgery Discharge Instructions**

Your child has had a \_\_\_\_\_ procedure performed under  
general / local anesthesia.

**Please follow the instructions very carefully. If you have any questions or concerns, do not hesitate to call your physician.**

**ACTIVITY:**

- Your child may resume normal activities when he/she feels comfortable.
- Restrain him/her from straddle toys (bicycle, tricycle, horses, etc.) for \_\_\_\_\_ weeks.
- Avoid vigorous activities for \_\_\_\_\_ weeks.
- Loose clothing is recommended.

**DIET:**

- After surgery you will want your child to slowly resume his/her normal diet. Your child may experience some nausea, so begin with a light diet appropriate for age. Once you are certain that your child can tolerate a light diet, you may gradually progress to a normal diet.
- Following surgery, be sure your child drinks plenty of fluids for at least several days.

**DRESSING:**

- Not required.
- If your child has a clear dressing, leave it in place until it becomes loose with normal bathing. Baths should begin the day after surgery; use "no-tears" soap. Apply ointment on the suture line after the bandage is gone, and continue until the sutures are gone.
- Surgeries on the tip (glans of the penis) do not require a dressing. Please apply antibiotic ointment liberally and bathe several times daily for two to four weeks.

**WHEN TO CALL YOUR DOCTOR:**

- A temperature over 101 degrees**
- Excessive pain that is not relieved by pain medication**
- Unrelieved nausea or vomiting**
- Significant redness/swelling or unusual drainage/odor at the incision**
- If your child does not urinate and has discomfort in the bladder area**

Your medications: For Pain: \_\_\_\_\_  
For Nausea: \_\_\_\_\_

To treat or prevent infection: \_\_\_\_\_  
Additional instructions: \_\_\_\_\_

Follow-up visit on: \_\_\_\_\_  To be scheduled. Call 272-2411 to arrange or make changes.

Signature of person receiving Discharge Instructions: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_