

# Patient Acknowledgement Form

Our office is dedicated to providing the best medical care we can. We will do everything possible to help you with your recovery process. We will need your assistance to complete this task. Below you will find a list of directions that require your participation in order for you to achieve your highest level of recovery. **Please read this carefully and sign your acknowledgement that you have read and fully understand everything in your surgery packet. Please email, mail, or fax this form back to the office 214-691-5940 prior to surgery.**

**You must read our surgical packet.** It has important pre and post-operative information and directions listed for you. It is imperative that you follow our post-operative instructions or your surgical outcome will possibly be compromised.

We welcome your questions. Please call our office if you have any concerns or problems that we need to know about. We need you to tell us if you are having problems. We will not know unless you tell us. We also need your cooperation in keeping the post-operative appointments you will schedule. Please call us if you are unable to make your appointment, and we will reschedule the date and time as long as it is medically feasible.

\*By signing below, I am acknowledging I have read and understand my surgical packet and instructions. I understand there is a \$100 fee for cancelling or rescheduling surgery. I agree that I will contact the office with any questions or problems before or after my surgery. I will follow my post-op instructions. I have read and understand what medications to continue/discontinue pre and post-operatively. I also understand the surgical procedure as well as the risks involved.

**\*\*Females only please initial-** I understand it is my responsibility to notify the Doctor of the possibility of being pregnant due to the potential risks of the fetus. \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

**Disclosure and Authorization Form for  
Patient Referral to Other Non-Participating Provider(s) or Facility**

Patient Name: \_\_\_\_\_

Provider Name: CentralAssist, LLC

Location: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

CPT Code(s): \_\_\_\_\_

Dear Patient:

In order to better serve you with the highest care quality and safety at most affordable costs, sometimes it is necessary and important to have other or more provider(s) or entities to join our team to complete or continue your medical procedures or treatment in order to ensure the speedy recovery for you. We would like to keep you informed of your choice and our recommendation of these other provider(s) or entities and obtain your informed authorization before our referral and scheduling for your next treatment procedure(s).

These other provider(s) or entities may or may not be in your health plan's network. This Form is used to inform you of our verification that the above named provider(s) or entities are non-participating provider(s) or entities with your health plan.

If you have any questions concerning whether you have out of network benefits or your financial obligations under your benefit plan if you use an out of network provider, please call the member services number on your Insurance Identification Card.

I certify that my attending physician(s) has made referrals to the other non-participating providers or entities based only on the needs of my individual healthcare, the medical community standard of care and my informed choice for quality and safety of the care that I will be expecting and receiving, and for provider's professional reputation and patient satisfaction in order to provide me with quality and affordable healthcare that I personally expected under my health plan for out-of-network coverage.

I have read and fully understand this Disclosure and Authorization Form. I hereby authorize this referral to non-participating and out-of-network provider(s) or entities as named above.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

## **Financial Information**

Below you will find important information regarding your upcoming surgery. Please read and review carefully.

**Reschedule/Cancellation Policy** We ask that you verify your date with family, friends, and employers prior to scheduling. Once your surgery date has been scheduled, any **cancellation or rescheduling will result in a \$100 fee.**

### **Surgical Bill/Charges**

You will receive a total of 3 separate bills for your procedure as follows:

- Physician's fee
- Surgical Facility fee
- Anesthesiologist's fee

It is your responsibility to make sure the facility you are having surgery at and the anesthesiologist are in-network with your insurance. Please contact the correct surgical facility and the anesthesiologist office to confirm this, and discuss your financial responsibility.

### **Anesthesia Billing Contact Information:**

Dr. Cook Texas Institute for Surgery patients:  
ALL other patients

Arcadia Anesthesia @ 1-800-745-5156  
US Anesthesia Partners @ 972-776-3069

### **Facility Billing Contact Information:**

Texas Institute for Surgery  
Presbyterian Hospital of Dallas  
Medical City of Frisco

Billing Dept. @ 214-647-5366  
Main Line @ 214-345-6789  
Billing Dept. @ 469-269-1676

**The balance for our physician's fee must be collected 2 days prior to surgery. If payment is not received by noon the business day before surgery, it will be cancelled.**

**Self-Pay Patients:** The total physician's fee is required to be collected prior to your surgery. Post-op evaluation and management visits within 90 days of your surgery date are included in this fee, but additional services such as xrays, casting, durable medical equipment, injections, and in-office procedures. These **are not included in your surgery fee** and must be paid for at the time of service.

# General Information

## **Disability/FMLA Forms**

Due the high volume of Disability forms and Family Leave Medical Leave Act (FMLA) forms we receive, it will take approximately 10-15 days for completion. Before the forms can be filled out you will need to complete the patient information sections. When the forms are finished, we will mail them back to you or you may arrange to pick them up so you may forward them to the appropriate place.

There is a \$20.00 annual fee for each set of completed forms.

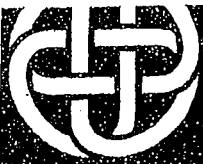
Our office does not provide updates to insurance companies; therefore, all communication will need to be done via insurance forms. Patients who require visit updates to continue their disability benefits may request a written slip or a dictation copy\* at the time of each visit to forward to their insurance carriers.

\*Dictation copies are not available at the satellite offices.

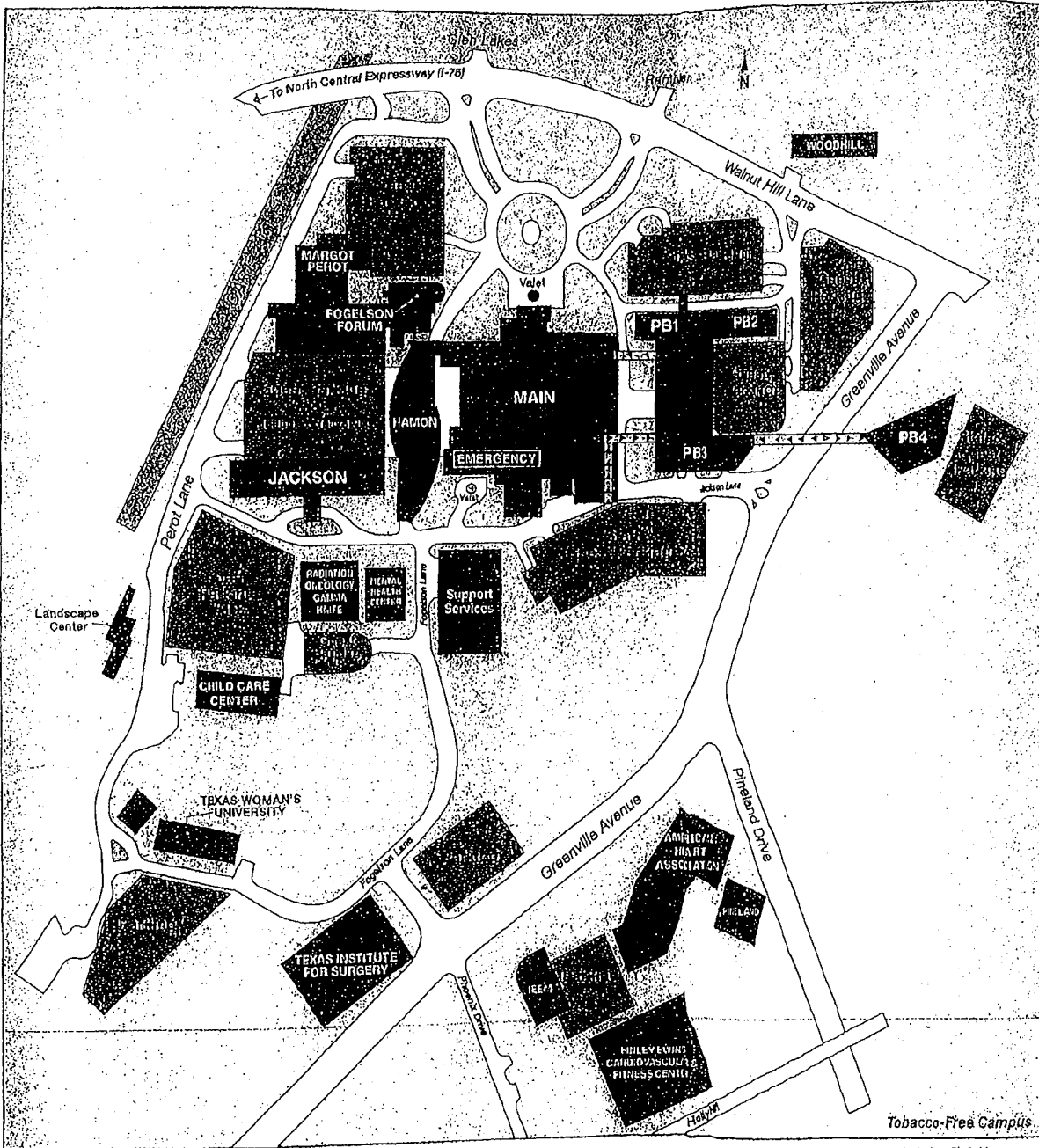
## **Post-operative Dental Work**

Patients having **total ankle replacement surgery**: please do not schedule any dental visits until at least 6 months post op. After 6 months, you need to always take antibiotics prior to any routine cleanings or dental work.

Patients having any **other foot and ankle surgery**: please do not schedule any routine cleanings or any dental work such as root canals or fillings until at least 3 months post op. If you must schedule major dental work during this time, please contact your PCP to obtain a prescription for anti-biotics.



# Campus Map



Tobacco-Free Campus

◀ ▶ ◀ ▶ Skybridge access



**Texas Health**  
 Presbyterian Hospital  
 DALLAS

## **SURGERY INFORMATION PACKET**

### **PLEASE KEEP THIS PACKET AS IT CONTAINS INFORMATION BEFORE AND AFTER SURGERY**

We are pleased that you have decided to schedule surgery with our office. We ask that you verify your date with your family, employers etc. prior to scheduling. Once your surgery date has been scheduled, any **cancellation or rescheduling will result in a \$100 fee.**

Our **surgery scheduler** can answer questions regarding scheduling, pre-certification, or surgical deposits and can be reached at 214-265-7175 ext. 114.

All **medical questions** can be answered by the nurse or medical assistant at 214-265-7175. We encourage you to ask questions if you do not understand something so that you can do your part to make this surgery a success.

Please locate the map in your packet on the right side pocket. This has both surgical facilities on it. Below are the facility addresses and contact information. If you have any questions, please contact the facilities for directions.

### **Texas Institute for Surgery**

7115 Greenville Avenue  
Dallas, TX 75231  
Main Phone #: (214) 647-5300  
[www.texasinstituteforsurgery.org](http://www.texasinstituteforsurgery.org)

Surgery patients enter on the North side of the building. Patients will receive one parking validation per visit.

### **Presbyterian Hospital of Dallas**

8200 Walnut Hill Lane  
Dallas TX 75231  
Main Phone #: (214) 345-6789

Check-in at the Main Building, 1st Floor admitting desk.

### **Medical City of Frisco**

5500 Frisco Square Blvd  
Frisco TX 75034  
Main Phone #: (972) 202-8875

Surgery patients enter on the east side of the building. Parking is free in the garage. Check-in on the first floor at the lobby desk.

# PRE-OPERATIVE CLEARANCE

LAB WORK MUST BE DONE WITHIN 2 TO 3 WEEKS OF SURGERY DATE

EKG MUST BE LESS THAN 6 MONTHS OLD

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

The above patient has been examined and cleared for surgery.

General Anesthesia

Other anesthesia \_\_\_\_\_

The following lab work is attached:

CBC

Chem-12

EKG

Other \_\_\_\_\_

Additional Information/comments:

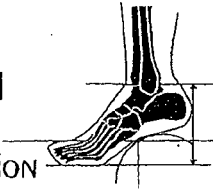
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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CENTER  
FOR  
FOOT AND  
ANKLE  
RESTORATION



Charles E. Cook, MD  
John M. Noack, MD

8440 Walnut Hill Ln., Ste. 110, Bldg. 4 • Dallas, TX 75231  
Phone (214) 265-7175 • Fax (214) 691-5940

For \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ DOB/Age \_\_\_\_\_

Pre-op clearance labs: CMP, CBC with Diff, EKG, HG A1C

Please complete the attached form stating if the patient is  
Cleared for surgery, or attach your own note.

Fax Results: Attn: Surgery Coordinator, (214) 691-5940

\_\_\_\_\_  
Charles E. Cook, M.D.

\_\_\_\_\_  
John M. Noack, M.D.



## Pre-Operative Instructions

Please make sure you understand the potential benefits and risks of planned surgery. If you have any questions you may call the office and speak to the staff. Questions for your doctor may be answered at an in-office pre-op visit. It is very important that you feel comfortable with your decision for surgery and that you understand what will be done. The outcome of your surgery will be affected by your cooperation and participation.

Below is a list of general items to bring with you on the day of surgery.

- Personal items to make you feel comfortable (toiletory type items)
- Crutches
- Walking boot, and/or post-op shoe
- List of medications with doses or medication bottles
- Loose fitting comfortable clothes to wear home; sweats work well as they usually fit over a cast or splints.

PRE-OP CLEARANCE: We will inform you if a pre-op clearance appointment is required. We ask that this clearance be done by your family doctor. Your appointment should be no more than 2-3 weeks prior to your scheduled surgery date. Please take the enclosed prescription with the doctor's orders to your appointment. If for some reason you are not cleared, please let us know as soon as possible.

SURGERY ARRIVAL TIME: Two to three days prior to surgery, the surgery coordinator will call with your arrival time to the facility.

SMOKING: If you smoke, it is important that you stop at least 2 weeks before surgery. Smoking interferes with wound healing, and increases your risk of complications. We strongly encourage you to stop smoking all together because of the many well documented risks to your overall health as well. See your family physician to coordinate a plan of care of this.

DRUGS: Five days prior to surgery, discontinue all over the counter or prescription anti-inflammatory medications, and herbal supplements including medications for osteoporosis. See attached list of common medications. Blood thinners must also be stopped in consultation with the doctor who prescribed the medication. If you need to use a medication for pain, use Tylenol as this will not cause bleeding complications. Other morning medications may be taken with a very small sip of water only. If you take any prescription medications, please either bring a list with the mg dose and directions or bring the bottles with you to the hospital. The anesthesiologist may need to know these in detail.

DIABETIC PATIENTS: The day of surgery, patients who are insulin dependent diabetics need to take half of (50%) your normal morning dose. If you have a problem with this or your family doctor suggests something else, it is vital you let us know. If you are taking oral diabetic medication, please contact your family doctor.

NPO: The night before surgery, do not eat or drink anything past midnight. This also includes water. If your surgery is scheduled for late in the afternoon, specific instructions will be given to you regarding when and what you may eat, but only if you are specifically instructed. Otherwise, NPO (nothing by mouth) applies. When in doubt, NPO or call our office. Failure to follow these instructions may result in the cancellation of your surgery.

**VITAMIN D:** Vitamin D is produced in the skin after exposure to ultraviolet B light, as well as fortified dairy products and fatty fish. We recommend everyone take 1000 units of Vitamin D with or without a calcium source prior to surgery. Os-cal, Vactiv, or other Vitamin D containing mixtures are acceptable. These can be found at most pharmacies and/or grocery stores. Continue taking for the duration of your recovery.

**MEDICAL EQUIPMENT:** If you have a post-op shoe, boot, or crutches, bring them with you the day of surgery. If you don't have them crutches or a walker can be obtained at the facility. A rolling knee walker may be obtained by calling Brandon Duck with Express Home Medical at (817)874-7165.

**ANESTHESIA:** The Anesthesiologist will see you the day of surgery at the hospital or surgery center. Please have a list of questions prepared if you have any.

After your surgery is over you will either go back to your room or the PACU (Recovery Room). Please have your family and friends stay in the waiting area so that the doctor will be able to find them after surgery to tell them of your condition.

If you are a day surgery patient, you will be allowed to leave once you are fully awake and meet the post-op requirements of both the doctor and the anesthesiologist. The hospital nurses will assist you in meeting these goals. For those staying overnight, you will be transferred to your room where you will be staying for the duration.

If you are admitted to the hospital for your surgery, you will have an Internal Medicine doctor managing your routine medications. You can expect a bill for these services or any other physician who may be asked to see you.

## Medications To Stop

St. John's Wart and Metabolife must be stopped **2 weeks prior to your scheduled surgery** to avoid potential surgical complications.

**1 week prior to your scheduled surgery stop taking the following medications:**

- Phentermine diet pills. Taper off this medication per your primary care physician's instructions.
- Methotrexate, Enbrel, Remicade, and Humira
- The following herbal pills: Omega 3 (Fish Oil), Vitamin E, Glucosamine, Garlic, Ginger, Hawthorn, Astragalus, Horse chestnut, Chinese black mushrooms, Arnica, Cayenne, Chamomile, Dong quai, Ginkgo Biloba, Pav'd Arco (taheebo or lapacho), Fever Few, Licorice, Red Clover, Juniper, and Tumeric

**5 days prior to your scheduled surgery stop taking the following medications:**

4 way cold tablets	Brillinta	Dolabid	Lodine	Oruvail	St. Joseph
APC	Buffaprin	Dolprin #3	Lortab	Oxaprozin	Sullindac
Actron	Buffered Asparin	Doxaphene	Magan	Pabalate	Supac
Actonel	Bufferin	Oristan	Magnaprin	PAC	Synalagos-DC
Advil	Buffinol	Easprin	Magnesium	Pamidronate	Talwin
Aggrenox	Calcitonin	Ecotrin	Sallylate	Percodan	Ticagrelor
Alendronate	Cama Arthritis	Emagrin Forte	Marnal	Persantine	Ticlid
Aleve	Strength	Emprin	Martritic	Pesistin	Ticlopidine
Alka-Seltzer	Cataflam	Equagesic	Measurin	Piroxioam	Tolectin
Amiglesic	Celebrex	Equazine	Meclofenamate Na	Plavix	Tolmetin
Anacin	Cheracol Capsules	Etdronate	Meclofenamate	Pletal	Toradol
Anaflex 750	Clecoxib	Etodolac	Meclomen	Ponstel	Trental
Anaprox	Clinoril	Evista	Mecofenamte	Pradaxa	Xarelto
Andynos	Clopidogrel	Excedrin	Mefenamic	Presallin	Tricosal
Anexsia w/code	CMT	Feldene	Mldol	Prevacid	Trigesic
Ansaid	Combunox	Feneprofen	Mobic	Profen	Trillsate
Aredia	Congespirin	Fiogesic	Mobidin	Prolia	Ultraprin
Arthropan	Coumadin	Fiorgen PF	Mobogesic	Reclast	Uni-Pro
Arthritab	Dablgatran	Florinal	Momentum	Relafen	Valdecocix
Artrotec	etexilate	Flurbiprofen	Mono-Gesic	Robaxsal	Vangulsh
ASA	Damason-P	Forteo	Rivaroxaban	Rofecoxib	Vicoprofen
Ascriptin	Darvon	Fortical	Motrin	Roxiprin	Vimovo
Aspergum	Dasln	Fosamax	Nabumetone	Rufen	Vioxx
Aspirin	Daypro	Fosamax Plus D	Mlascalcin	Salto	Voltaren
Atelvia	DHC plus	Ganite	Malfon	Salflex	Warfarin
Axotol	Dia-Gesic	Gemisyn	Naprapac	Salocol	Xgeva
BAC	Diclofenac	Ibandronate	Naprelan	Salsalate	Zipsor
Bayer	Didronel	Ibuprofen	Naprosyn	Salsitab	Zometa
Bexophene	Diflunisal	Indocin	Naproxen	Skellid	Zorpln
Bextra	Dipyridamole	Indomethacin	Norgesic	Sodium Sallylate	
Binosto	Disalcid	Ketorolac	Nuprin	Soma Compound	
Boniva	Doan's Pill	Liquirin	Orudis	Sprix nasal spray	

## Pain Pump Information

If you are one of our patients that has a pain pump and have any questions or concerns, contact the anesthesiologist that you spoke with the morning of your surgery. Our office and your surgeon will not be able to answer any questions regarding the pain pump. If you have a direct phone number, use this.

Otherwise, Dr. Cook Texas Institute for Surgery patients please call Arcadia Anesthesia @ 469-863-9978. All other patients please call US Anesthesia Partners @ 972-776-3069.

The pain pump should alleviate the need for narcotic pain medication the first 4-5 days after surgery. You may supplement the pain pump with narcotics for break through pain, if needed. When the pain pump starts to wear off you may experience tingling or a sensation of your foot. You can start your pain pills to get ahead of the pain that day, then take pain medication as needed. With a pain pump, your lower extremity sensation will be decreased 3-5 days after surgery. Therefore, it is necessary periodically examine your foot for changes in circulation: excessive swelling, cold skin, purple or blue coloring (not bruising) of the toes, and bandages cutting into the skin. You may open the flap of the black boot to see the leg/foot and check for pressure along the sides and if dressing is cutting into skin. If you notice any one of these things, call our office. Any other questions about the pain pump, call your anesthesiologist.

### Frequently Asked Questions:

- **There is leaking from the insertion site. Is this normal?** Yes, leaking is common since the catheter that was inserted is not very deep. If you have an interscalene block (neck area) you will notice more leaking as this nerve block is only about 2-3 cm under the skin. If you have a femoral (groin area) or popliteal (back or lower thigh) block, that site will also experience some leaking. You can place a small towel at the site to absorb some of this. Call anesthesia if you experience continuous leaking in large quantities.
- **How do I know if the pain pump is on?** The pumps are set at a rate ranging from 4-8 ml/hr before leaving the surgical center. The pump must be set on 0 for it not to be working.
- **I am still experiencing pain. Can I adjust my pain pump?** If you are still experiencing pain while your pump rate is 4-8 ml/hr, you can increase to 2-4 ml/hr. (If pump is at 6, you can raise it to 8 or 10 even. Keep in mind that you will not feel an immediate relief. It can take up to 1 hour to notice any difference. If after 1 hour you still do not feel any pain relief, you can increase the pain again. The max is 14 ml/hr. You should be aware that the higher the number on the pump, the faster your pump will run out. If this happens you will not get the full effect of your pain pump which is meant to last 48-72 hours. It is highly recommended that you take an additional pain medication that your surgeon has prescribed to you.

- **I feel numbness around the area of my procedure. Is this normal?** You may experience loss of feeling at or around the area of your procedure. If numbness occurs, take proper measures to avoid injury to yourself. Take extra precautions with hot or cold items on a numb limb. You will slowly begin to gain sensation/feeling in the area. The numbness is due to local anesthetic that is being infused.
- **My pain pump ran out of medication early. Why?** Your pain pump is generally supposed to last 48-72 hours depending on infusion rate. The higher the rate, the faster the medication is used.
- **I don't think my pain pump is working because I am still in pain.** Be sure that you are taking your pain medication as prescribed. You can carefully remove the tape and gently wiggle the catheter. There may be a slight blockage in the catheter that has hindered the full infusion of your pain medication. Be sure to replace the tape.
- **What medication is in the ball?** The ball is filled with local anesthetic called Ropivacaine. This medication is used for acute pain management.
- **How do I know when the ball is empty?** The ball will start to become loose, develop wrinkles, and become smaller in size. The appearance of the ball will be similar to that of an apple core.
- **I accidentally pulled out the catheter. How do I put it back in?** Unfortunately you cannot insert the pain pump back in. The pump is designed for a single use only. Close the clamp on the tubing and immediately contact your surgeon for instructions.
- **How do I remove the pain pump?** Simply remove the tape, grab the catheter closest to the insert sight, gently pull it out completely and throw it away.

## Post-op Instructions

Please CALL OUR OFFICE if you experience any of the following symptoms:

- Chest Pain or Difficulty Breathing, CALL 911 IMMEDIATELY
- Fever over 101 degrees, chills
- Drainage from the wounds that has increased or changed in color
- Severe ankle or foot pain
- Very dark blue, black, or white discoloration of the foot and/or toes
- Redness in the foot, leg, or calf

Otherwise, please feel free to call the office with any questions or concerns. It is important for you to understand that we are available. You cannot call too much; your safety and comfort is our highest priority!

**DRUGS:** You will be sent home with a prescription for narcotic pain relievers. Take your pain reliever on schedule. It is easier to stay ahead of the pain than try to play catch-up. You may mix ibuprofen (Advil, Medipren) with your prescription, you may use them in place of the narcotics or you may alternate between narcotics and ibuprofen type medications. That is, you may take ibuprofen, then 2 hours later you may take your pain medicine, then 2 hours later take ibuprofen again, etc. The maximum dose of ibuprofen per day is 2400 mg. Each tablet is usually 200 mg, so this would be a total of no more than 12 ibuprofen tablets per day. People with a history of stomach ulcers or problems will need to use these with caution as they can cause irritation to the stomach lining. Patients on blood thinners should consult their family doctor before taking the ibuprofen medications. Do not put yourself in a position to mix narcotics with situations that require decision making (driving, child care, etc), as narcotics may impair judgment and cognitive skills.

**SWELLING:** This is the accumulation of extracellular fluid within a body part. After injury or surgery, swelling is a normal part of the natural healing process and is expected. Vessels become more "leaky" under the influence of local hormones released by damaged and healing tissues. Products (like proteins) are needed by cells in order to repair damage, and these products flow into the cell from the extracellular space. Water follows these products into the cells, and this results in swelling. Healing cannot occur without this process. How fast you heal will directly correlate to how long you swell. Also, some people swell more than others; some people take their shoes off on a transoceanic flight and slip them back on without problems while others have to wedge their feet back into their shoes. The former type of patients will experience much shorter swelling periods post-operatively than the latter. Swelling is best controlled by elevation above the heart, and compression such as the use of stockings or wraps. For the first 2-3 days after surgery it is best to keep your foot strictly elevated, walking only when absolutely necessary. Ice may be applied on a 10 minutes on 10 minutes off schedule, do not apply directly to skin.

**WEIGHTBEARING:** At the hospital, you will be taught the amount of weight bearing you are allowed to place on your leg. If you have any doubt, do not place any weight on it; use your crutches or walker instead.

**CONSTIPATION:** This can occur from decreased activity level and narcotic pain medication. A stool softener or laxative of choice can be taken such as Pericolace or Milk of Magnesia. These can be obtained without a prescription.

**PAIN:** This will be the worst the first night after surgery. The pain will always seem worse at night because you do not have the distractions of the day to take your mind off the pain. The second night can be as bad as the first, especially if you were not diligent in keeping your leg elevated. Persevere, as the pain almost always decreases by the third post op day.

**INFECTION:** This is always a risk of any surgery, regardless of how minor. This is usually characterized by redness and or drainage, fever, chills, worsening pain, swelling, and later in the course a red streak extending from the incision area up the leg. Often people will describe the symptoms of an infection as like having the flu. Please call the office if you have any of these symptoms.

**BANDAGES:** The doctor will tell you when to remove your bandages. As a general rule, he does not want you to remove them at home; he will specifically tell you if it is ok to change them. This applies to any casts, "black boots", or post op shoes. Removal of these devices could affect the outcome of your surgery. Do not get your bandages wet when bathing or showering. Protect your foot by placing one plastic bag over the foot and ankle, tape to skin then place a rolled towel over the taped end. Apply a second bag over the first one with the rolled towel on it and tape the second one closed. Prop your foot on a chair or on the side of the tub so the water doesn't run down your leg.

**POST-OP APPOINTMENT:** Call the office to make your post-op appointment if you do not already have one made. Most of the time, the doctor will want you to return to the office about 10-14 days after surgery. If you have a problem let us know as we may need to see you sooner.

**ASPIRIN:** Please take a baby aspirin once daily until you return to your regular activity level. This is to reduce your risk for developing a blood clot. Most aspirin will be marked 81 mg. If you have problems with aspirin products or are currently on a blood thinner from your family doctor, please follow your family doctor's instructions. If you are under 18 years of age, do not take aspirin.

**DVTs:** DVTs blood clots in the veins of an arm or leg, and they can be life threatening. While there are many signs of a DVT, they are all nonspecific; a Doppler Study must be obtained to diagnose a DVT, and can be performed in a vascular lab. We prescribe Doppler Studies when indicated by patient symptoms for your safety, but positive results rarely occur.

**SKIN COLOR CHANGES:** This is due to vasomotor instability from effects on the autonomic nervous system, also a normal healing process. This can occur for weeks or even months after undergoing surgery.