

**ABINGTON HOSPITAL-JEFFERSON HEALTH**

1200 Old York Road Abington, PA 19001

Interventional Radiology Department Telephone: 215-481-2071

Office Telephone: 215-481-6226

Fax: 215-481-2567

Website: [www.abingtonir.com](http://www.abingtonir.com)

**Compression Stockings Instructions  
Discharge Instructions**

Introduction

Your physician has recommended that you use compression stockings to control swelling. He has determined the amount of pressure that will best aid your veins in pumping the blood back to your heart. Follow these instructions for best outcomes. If you have any questions, please call our office at 215-481-6226.

OBTAINING STOCKINGS

1. Refer to supplier list and call to set-up an appointment for fitting and measuring.
2. Be certain to bring your prescription with you to your appointment.

HELPFUL HINTS

1. Elevate your leg(s) when possible.
2. Apply your stocking first thing in the morning before you walk around much on your legs – this is when your swelling will be minimal.
3. Remove your stockings every night.
4. Rinse your stockings daily (for further instructions, refer to your manufacturer’s recommendations).
- 5.

**CALL OUR OFFICE IF ANY OF THE FOLLOWING OCCURS:**

- ) Constant numbness or tingling which does not respond after elevating your leg(s).
- ) Discoloration of your toes.
- ) If any of these symptoms after normal business hours, please call your primary physician.

**Physician Contact Information**

- ) **If you have a problem that requires immediate attention, you should go to the emergency room, either at Abington Memorial Hospital or the closest hospital, or call 911.**
- ) **Our office is open Monday through Friday (except major Holidays) from 7:30 AM to 4:00PM. We can be reached at 215-481-6226.**
- ) If you are unable to reach our office and you have an urgent need, please call the following:
  - o **During regular weekday hours (except major Holidays) from 7:30 AM to 4:00 PM, call 215-481-2040.**
  - o **For after hour emergencies call 215-481-2000 and ask the hospital operator to contact the Interventional Radiologist on-call.**

I hereby acknowledge that I have received and understand the instructions given to me.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME