General Postoperative Instructions

ANESTHESIA

- If you received a nerve block during surgery, you may have numbness or inability to move the limb. Do not be alarmed as this may last up to 36 hours depending upon the amount and type of medication used by the anesthesiologist. Make sure If you are experiencing numbness after 36 hours, please call the office.
- When the nerve block begins to wear off, you will feel a tingling sensation, like pins and needles. It is important that you start taking the pain medication at that time to ensure that you "stay ahead of the pain." It is important to take the pain medicine when the pain level is a 4 or 5/10, before it gets too high.

MEDICATIONS

- Opioid pain medicine (Percocet or Norco): You will receive a prescription for pain medication to be used after surgery only. Most patients will require a short duration of opioid pain medications (less than one to two weeks). Please take these medications as directed. The goal of postoperative pain management is pain control, NOT pain elimination. You should expect some pain after surgery - this pain helps you protect the body part that is healing. Percocet and Norco already contain acetaminophen (Tylenol). Do not take additional Tylenol or other acetaminophen-containing products while taking them unless your surgical team specifically directs you to.
    - Refill Policy: For concerns over your safety due to the rising opioid addiction epidemic in the United States, refills of your pain medications will only be provided on a case by case basis. Please use these medications judiciously.
    - Common side effects of the opioid pain medications include nausea, drowsiness, constipation, and itching. Take these medications with food to decrease side effects. To prevent and treat constipation, take an over-the-counter stool softener (like colace 100 mg twice per daily) or laxative (like dulcolax or Miralax as needed). If you experience itching, over the counter Benadryl may be helpful.
    - Do not drive a vehicle or operate heavy machinery while taking opioid pain medication.
- Anti-nausea medicine (Zofran): Sometimes patients experience nausea related to either anesthesia or the narcotic pain medication. If this is the case you will find this medication helpful.
- Anti-inflammatory (NSAID) medicine (Naproxen or Ibuprofen): These are both anti- inflammatory and pain relief. Check with your surgical team or primary care doctor before taking NSAIDs if you have had a stomach ulcer, kidney disease, an NSAID or aspirin allergy, aspirin-sensitive asthma, or if you take a blood thinner or have a bleeding problem. You should take NSAIDs with food or antacid to reduce the chance of upset stomach. NSAIDs may be taken in between the opioid pain medication to help smooth out the postoperative "peaks and valleys", reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication use.
- DVT prophylaxis (Aspirin, Xarelto, Lovenox, or Coumadin): For most patients, activity alone is sufficient to prevent dangerous blood clots, but in some cases your personal risk profile and/or the type of surgery you have undergone makes it necessary that you take medication to help prevent blood clots. Most patients will be placed on Aspirin after surgery to help prevent blood clots. This is typically taken for 2 weeks after surgery or until allowed to put full weight on operative extremity.

- Stool softener (Colace and/or Senna): are available over the counter at your local pharmacy and should be taken while you are taking opioid pain medication to avoid constipation. You should stop taking these medications if you develop diarrhea. Over the counter laxatives (dulcolax or Miralax) may be used if you develop painful constipation
- Please resume all home medications, unless instructed otherwise

DIET

- Begin with clear liquids and light food (such as jello, soup, etc)
- Progress to normal diet as tolerated if not nauseated
- Avoid greasy or spicy foods for the first 24 hours to avoid GI upset. Increase fluid intake to help prevent constipation.

WOUND CARE

- It is normal for the surgical site to bleed and swell following surgery. If blood soaks onto or through the dressing, this is not significant cause for concern. This is common for the first 24- 48 hours after surgery. You may simply reinforce the dressing with gauze or ace bandage.
- Keep the surgical dressing in place with the incision clean and dry until your first follow-up appointment.
- You may shower, but it is very important that you keep the wounds dry. Covering them with plastic wrap or bag is often a very inexpensive and effective way to stay dry. As your balance may be affected by recent surgery, we recommend placing a plastic chair in the shower to help prevent falls.
- After showering, remove the bag or plastic wrap. Do not immerse or soak the incision in water until 4 weeks after surgery when your wound is fully healed.
- Do not apply neosporin, bacitracin, or any ointment to the incisions, dressings, or band-aids.

ACTIVITY

- Keep the extremity elevated for several days following surgery to decrease swelling.
- Do not engage in activities which increase pain/swelling such as lifting and carrying for the first 14 days following surgery.
- If pain is tolerable and you are no longer requiring opioid pain medication, you may return to sedentary work or school 3-7 days after surgery.

EXERCISES

- Ankle pumps may be performed all day long to help reduce risk of blood clots.
- Discomfort and stiffness is common the first few times you try the exercises.
- Formal physical therapy (PT) typically begins one to two weeks after surgery. You will be given a prescription for PT.

ICE THERAPY

- It is very important to keep ice on your surgical site during the initial post-operative period (first 2 weeks). This should begin immediately after surgery.
- Use the ice machine continuously or ice packs (if no machine used) for 20-30 minutes every 2 hours daily until your sutures are removed. Keep extremity elevated while icing. Care should be taken to avoid frostbite while icing by making sure the ice is not directly touching the skin.

CRUTCHES, BRACE, or SLING

- You may be given crutches, brace, or sling to provide you greater comfort and stability.

- They should be used at all times unless otherwise instructed.

FOLLOW-UP CARE

- Typically, postoperative appointments are scheduled for the first 1-3 days after surgery and again 10-14 days after the date of surgery. At your first appointment, we will go over your operative findings and the plan going forward.
- Contact the office to confirm or schedule your postoperative visits.

NORMAL SENSATIONS AND FINDINGS AFTER SURGERY

- PAIN: We do everything possible to make your pain/discomfort level tolerable, but some amount of pain is to be expected.
- WARMTH: Mild warmth around the operative site is normal for up to 3 weeks.
- REDNESS: Small amount of redness where the sutures enter the skin is normal. If redness worsens or spreads it is important that you contact the office.
- DRAINAGE: A small amount is normal for the first 48-72 hours. If wounds continue to drain after this time (requiring multiple gauze changes per day), please contact the office.
- NUMBNESS: Around the incision is common.
- BRUISING: Is common and often tracks down the arm or leg due to gravity and results in an alarming appearance, but is common and will resolve with time.
- FEVER: Low-grade fevers (less than 101.5°F) are common during the first week after surgery. You should drink plenty of fluids and breathe deeply.

EMERGENCIES

- If you have an emergency that requires immediate attention, call 9-1-1 or go to your local emergency room.