**Kane Anderson, MD**

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

**Follow-up Visits**

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

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Therapy (if needed)**

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

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Call your doctor if you have:**

* **A fever greater than 101.6⁰F, sweating, or chills**
* **Increased redness, warmth, or foul-smelling drainage from your surgical site**
* **Continued nausea, vomiting, or itching after 24 hours**
* **Pain not controlled by pain medication**

**After Surgery Instructions**

**Pain**:

* Some discomfort is normal after surgery. Pain medications will not take all the pain away but will help reduce pain to a tolerable level. A multimodal pain control regimen is suggested after your procedure. This means making use of both Tylenol (acetaminophen) and an NSAID (Ibuprofen-Motrin or Naproxen-Aleve). So long as medical conditions aren’t preventing you from taking these it is suggested that these are started prior to the numbing medication shot wearing off.

**Ibuprofen (Motrin)** 200mg tab: take 2-3 tabs w/ food as needed every 8 hrs

**Naproxen (Aleve)** 220 mg tab: take 1-2 tabs every 12 hrs w/ food

**Acetaminophen (Tylenol)** take 325-1000 mg as needed not to exceed 3 grams in a day

* **DO NOT** drive while you are taking narcotic pain medications in the case they are prescribed.

**Itching:**

* If you begin to experience itching, you may take a Benadryl to relieve it. If the itching continues or you develop a rash, call the nurse.

**Questions?**

**Elevate Orthopedics:**

**(970) 828-0420**

**Call 911** right away or seek help at any emergency room if you have severe reactions to medications such as difficulty breathing, hives, or excessive bleeding.

* If the itching seems to be resulting from the dressing it often can be removed, but please call before doing so.

**Swelling:**

* It is normal to have some swelling after surgery.
* Keep your hand/arm elevated above your heart. You can do this by resting it on several pillows. This helps reduce both pain and swelling.
* Take the anti-inflammatory medication suggested (naproxen or ibuprofen). This will help reduce your swelling. There are certain patients who should not take these medications. If this is the case for you, we will not prescribe them for you.
* Ice will help reduce swelling. Check your skin often to make sure it is not getting too cold, as you may have numbness after surgery and not be able to feel extreme cold. Ice for 20 minutes on and 20 minutes off. This is especially useful the first 48 hours.

***The First Day After Surgery:***

**Pain:**

* Use the combination of NSAIDs and Tylenol as reviewed above
* Fortunately, prescription pain medication is not needed for most of our minor surgeries such as carpal tunnel, trigger finger release, small mass excision, etc.

**Activity:**

* Heavy lifting, gripping, pushing pulling, etc. is discouraged as this could jeopardize the wound.
* Get up and move around several times a day. This will help you heal faster and help prevent blood clots and constipation.

**[ ] Day 2 Dressing change (Carpal tunnel, ganglion, mucous cyst, trigger release, etc) :**

* Keep your dressing in place for 2 days
* Keep the dressing dry, covering it up for bathing
* If it becomes too tight you may loosen it.
* You may begin to use the hand for **light** activities.
* Movement is encouraged but give yourself breaks throughout the day while using the hand.

***Second Day to 2 Weeks After Surgery for* Carpal tunnel, ganglion, mucous cyst, trigger release, etc*:***

* After removing the dressing, you can start to get the operative site wet, with clean running water (i.e. showering, washing your hands, etc.)

**Wound Care:**

* DO NOT SUBMERGE THE OPERATIVE SITE UNDER WATER OR SOAK IT
* Gently clean the wound with soap and water
* Please DO NOT use topical ointments such as Neosporin, Vit E, etc.
* Please DO NOT use peroxide for cleaning the wound.

**Dressing:**

* 48 hours after your procedure you may remove the dressing and replace it with a simple bandage such as a Band-Aid. This helps prevent the sutures from catching on clothing, etc.

**[ ] Day 5 Dressing change (cubital tunnel, deQuervain’s release, ganglion cyst, nerve removal (AIN/PIN)) :**

* Keep your dressing in place for 5 days
* Keep the dressing dry, covering it up for bathing
* If it becomes too tight you may loosen it.
* After removing on day 5, rewrap with ACE to help with swelling and provide support

**[ ] Splint in place until follow-up appointment (most fractures, CMC thumb surgery) :**

* Keep your splint in until follow-up
* Keep the dressing dry, covering it up for bathing
* If it becomes too tight you may loosen the wrap that is covering it.
* If fingers are not wrapped into the dressing, it is encouraged to do gentle range of motion to prevent stiffness

**[ ] Day 5-7 follow-up with hand therapist (tendon repair surgery, Dupuytren’s release) :**

* Keep your dressing in place until you see the therapist
* Keep the dressing dry, covering it up for bathing
* If it becomes too tight you may loosen it.

**After Surgery Care Instructions:**

**Preventing Blood Clots After Surgery:** Blood clots are a rare, but potentially serious problem after extremity surgery. Your surgeon has made recommendations based on your expected post-operative course and identified risk factors. The day after surgery you need to start walking.

**Pain:** Some discomfort is normal after surgery. Pain medicines usually will **not** take **all of the pain away**, but help reduce it to a tolerable level. Take your pain medicines as prescribed. Prescriptions will be given to you or called in to your pharmacy on the day of surgery. Narcotic pain medicines may cause constipation, nausea, and itching.

* DO NOT drive while taking narcotic pain medicines, as they can make you drowsy.
* Medicines should last you until your next follow-up visit.
* Medicine requests may take up to 48 hours to fill and will not be filled after hours or on the weekends.

**Pain Medications: Over the Counter and Prescription:**

Post-operative pain is unique to every patient. The prescriptions you have been given are designed to work with over-the-counter medications to provide you with adequate pain control during your post-operative course. Some discomfort is expected after surgery and all medications have potential side effects but our goal is that you have a tolerable post-operative course. If your pain is not adequately controlled, please call our office. Please keep in mind that elevation and ice will help dramatically in the early post-operative period and that surgical pain reliably decreases over the first 48 to 72 hours from surgery.

**Anti-Inflammatories (NSAIDs):** Medications such as Ibuprofen (Motrin or Advil) and Naproxen (Aleve) can play a very important roll in your post-op pain control. Unless you have another medical condition preventing you from taking this type of medication, you make take Ibuprofen, Advil, Motrin as needed. Do not exceed 2400mg in a 24 hour period (600mg every 6 hours or 800mg every 8 hours). Take with food.

**Tylenol (Acetaminophen)**: Tylenol is a centrally acting analgesic. Its effects are powerful and should not be overlooked. Using tylenol in addition or instead of narcotic medication will decrease your risk of complication from narcotics. Please take 500mg every 4 hours as needed. \*\*DO NOT EXCEED 4,000mg IN 24 HOURS\*\*

The hydrocodone has Tylenol in it, so make sure you do not take too much from all sources.

**[ ] Tramadol:** You may have been prescribed Tramadol. It is a mild to moderate pain medicine. This DOES NOT have Tylenol mixed in with it. You may take Tylenol with this to help address your pain.

**[ ] Hydrocodone**: You may have been prescribed hydrocodone. It is a moderate narcotic that only comes with tylenol mixed in. Please take as needed and prescribed but be cautious to NOT TAKE MORE THAN 4,000mg of Acetaminophen in any 24-hour period.

**[ ] Oxycodone:** You may have been prescribed oxycodone. This is strong narcotic medication that DOES NOT have tylenol mixed in with it unless otherwise stated. Please take as needed and prescribed in addition to tylenol.

**Nausea:** Nausea may be caused by anesthesia or pain medication. To decrease nausea, take pain medicines with food. If you continue to have nausea and vomiting after several hours, please call our nurse, as we may have to change your medicines.

**Constipation**: Drink plenty of water, eat foods high in fiber, and get up and walk around every few hours. You should also take an over-the-counter "stool softener" such as Colace, to help decrease constipation. If that is not effective try a natural "stimulant" such as Senna. If both of these options fail you may try an osmotic stimulant such as MiraLax. Beware that these medications can have a cumulative effect. If you continue to be constipated please call our nurse to discuss additional medications.

**Itching**: If you have itching, you may take a Benadryl to relieve it. If the itching continues or you develop a rash, call our nurse. Your medicine may need to be changed or stopped entirely.

**Swelling**: It is normal to have some swelling after surgery.

* -Keep your arm elevated above your heart as much as possible. You can do this by resting it on several pillows. This helps reduce both pain and swelling.
* Take anti-inflammatory medicine if we have recommended it for you (naproxyn or ibuprofen). This will help reduce your swelling. There are certain patients who should not take these medicines.
* Ice will help reduce swelling. Place a barrier between your skin and the ice such as a towel. Check your skin often to make sure it is not getting too cold, as you may have numbness after surgery and not be able to feel extreme cold. Ice for 20 minutes on, and 20 minutes off.
* IMPORTANT: If your fingers are sticking out of a splint or cast, it is OK to move them (unless you are told otherwise by your doctor). Gentle movement will help reduce the swelling.