

POST-OPERATIVE INSTRUCTIONS FOR DR. JOHNSON'S PATIENTS:

Thank you for entrusting me with your (or your loved one's) orthopedic care. I hope that your preoperative and postoperative experiences are as pleasant as possible and that you are pleased with your treatment and your choice of Pinehurst Surgical Clinic Orthopedics.

Below are a few general post-operative instructions which apply to most of the operations performed in my practice. Specific instructions and answers to specific procedure related questions will be answered at your preoperative and postoperative visits.

WHAT TO EXPECT AFTER SURGERY:

DRESSINGS

Your discharge instructions from the hospital or surgery center will tell you whether (and when) to remove the bandage or to leave it intact until follow up in the office.

In general, soft dressings (those without a hard splint or cast) may be removed on the 3rd day after your surgery (unless you are instructed otherwise). At that point, you may shower allowing the incision(s) to get gently wet and wash with soap (no direct spray on the incision and NO soaking in a tub, pool, lake, etc.). If your incision looks red, "angry" or is draining fluid, DO NOT expose it to water. Contact my office to discuss the wound and set up a visit. While your sutures or staples are still in place, please do not apply any ointment or salves to the incision.

If you have on a splint/cast or other rigid dressing, please leave it intact until follow up. Do not get the dressing/splint wet and do not attempt to scratch or put anything down in the dressing. Specialized waterproof bags can be purchased although a garbage bag and rubber band will usually suffice to protect the dressing during a shower.

Minor blood spotting or soak through is not unexpected in the first few days and is not concerning; however, drainage, fever, odor, redness, increasing pain, numbness, finger/toe discoloration requires evaluation. Please contact the office or triage nurse if you have concerns.

SUTURES/STAPLES

Your incisions will be closed with sutures or staples. Some incisions may be closed with dissolvable sutures under the skin and covered with "steri strips". Please leave your sutures/staples/steri strips intact until we take them out in the office. Do not apply ointment or salves to the incisions. Once the sutures/staples are out and the scar is maturing you may apply moisturizer or scar care creams of your choice. In general, sutures/staples will be taken out at your post-op visit between 7-14 days from your surgery.

PAIN AND SWELLING CONTROL

Unless you are under contract with a pain management clinic, you will receive a written prescription for pain medication on the day of your surgery (typically Lortab or Percocet). Some amount of pain, swelling, and throbbing are expected following surgery of any kind. Pain control is important to overall healing and I want you to be comfortable; however, no pain medication will make you completely pain free after surgery. The first few days will be the worst and things should improve quickly after that

depending on your type of procedure. If you received a block from anesthesia you may have numbness for several hours after surgery. If that is the case, please consider taking your oral pain medication prior to the block fully “wearing off”. Please contact the office if you have uncontrollable or worsening pain. Pain medication/narcotic prescriptions are not refilled after hours or on the weekends.

Elevation of your surgical site above your heart will help relieve swelling as well as pain. Unless instructed otherwise, try to spend the majority of the first few days after surgery with the limb elevated. Applying ice packs will also help control swelling (zip lock style bag of ice and water, reusable ice pack, frozen peas, etc. are acceptable). Keeping the ice on as much as possible in the first few days is helpful. (Do not apply ice/cold packs directly to your skin)

ACTIVITY

Being mobile and ambulatory after surgery is helpful to prevent blood clots. Keep in mind that you also want to spend time with the limb elevated. Your post-op instructions will tell you whether you may bear weight or use the affected extremity and what weight lifting restrictions you have. Sling and brace wear will depend on your surgery and specific instructions will be provided.

BLOOD CLOTS

Essentially all surgical patients have a small risk of developing blood clots (DVT/deep vein thrombosis) after surgery. Your risk will depend on your medical condition and history as well as the type of surgery and length of your operation. In general, the risk for DVT after upper extremity surgery is very low. Being mobile after surgery is your best protection against DVT. If you are at high risk for a clot or have had one in the past, you may be placed on “blood thinners” after surgery. These range from a simple aspirin to other oral or injectable medications. If you have a history of a blood clot, please let me know. If you develop new onset leg or arm swelling out of the ordinary, calf pain, shortness of breath or pain in your chest after surgery, contact my office or seek medical attention.

FEVER/INFECTION

Your risk of wound infection is low; however, certain medical conditions do create a higher risk (diabetes, immune deficiency, prior wound infection). Low grade temperature around 99 after surgery is not unexpected; however, if you feel feverish/chills or have a temperature above 100.5, please contact my office to discuss. If you have increasing pain at the incision, wound redness, drainage or odor, please contact my office.

FOLLOW UP

You should have received a specific follow up appointment during your preoperative visit (or one will be provided on your discharge paperwork from the hospital or surgery center). If not, please contact the office to schedule. If physical or occupational therapy is planned, you should have that appointment created as well. Please contact my office if there are questions (910) 235-2956.