

OSSMSA Patient Discharge Instructions (After Surgery)

Thank you for allowing us to take care of your orthopaedic needs. Your trust in us is very important, and we wish to make this as easy and comfortable as possible for you. The following is to help you understand what to expect after your surgery.

Diet

Please start with gentle foods when you feel like eating. Examples of foods to start with are toast, crackers and clear liquids such as Sprite or 7-Up. As soon as you are able to tolerate these types of foods, progress to your regular diet as you wish. Remember to eat prior to taking your pain medication; otherwise, the pain medication may make you nauseated.

Medications

- Unless otherwise instructed, once at home after surgery please resume taking all of your medications that you normally take unless otherwise directed by Dr. Whaley. Do not resume aspirin or other blood thinner medications until a plan is discussed with Dr. Whaley or the medical physician taking care of you in the hospital (Hospitalist).
- You were given a prescription for narcotics after surgery. It is important to have good pain control to help you recover from your surgery. For the first 24 hours after surgery, we recommend taking your pain medication every 8 hours scheduled around the clock to help with the pain relief and to not get behind in your pain control. It is suggested that you set the alarm clock and take the pain medication in the middle of the night. *After the first 24 hours, take the narcotics **only as needed**.* However, please remember it may take an hour or so for the narcotic to be absorbed in your body and to be effective in your system after you take it. Within few days after surgery, you should have weaned yourself off of the narcotics to just over the counter Tylenol or over the counter NSAIDs like Advil, Motrin, or Aleve. These drugs are called NSAIDs - Non-steroidal anti-inflammatory drugs. You may start or resume taking **Tylenol** after your surgery but be careful as some narcotics already have Tylenol in it and we do not want you to overdose on Tylenol. It is OK to take your narcotics and alternate this with NSAIDs (which do not have Tylenol in it) every 8 hours for pain control.
- If there are any questions regarding your medications after surgery, please call us or your pharmacist **IMMEDIATELY**.
- Remember not to drive, drink alcohol, operate heavy machinery, or make important decisions while taking the narcotics as the medication may impair your judgment.
- Please review the provided CDC information on Opioids in your Preoperative Packet. You may also find it at: <https://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf>
Dr. Whaley and his team aim to make your surgical pain as minimal as possible, but he is limited by what he is able to prescribe. If your pain is not controllable, please go to the closest emergency room for an evaluation and possible help to control your pain.
- Please safely dispose of all unused narcotics if you have not finished your prescription. Safely dispose of unused prescription opioids: Find your community drug take-back program, your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>

- The risk of obtaining a blood clot is very small but real risk after any surgery. For some surgeries, the risk of treating to prevent a blood clot (with blood thinners) is more severe than the risk of getting a blood clot. Some major surgeries are at a higher risk for patients getting a blood clot. We will inform you if your surgery is at high risk for getting a blood clot and discuss appropriate treatment to minimize this risk. **If you have questions or had a history of a blood clot in your legs or lungs, please check with Dr. Whaley about your postoperative care and blood thinning medications after your surgery.**

Activities

Prior to your discharge from the facility, the nurse or therapist will review what type of weight bearing status you will have (if applicable) and if you need a knee brace or arm sling. The nurse or therapist will also review with you any exercises that you might wish to do prior to your follow-up appointment with us at the office. At your first follow-up visit with us after surgery, we will review with you the results of the surgery and review any pictures that we took during your surgery. At that time, we will help arrange for formal physical therapy sessions, if indicated. Also at your first follow-up visit, we will also adjust any braces, splints, or slings as necessary and review with you how to use this equipment. Please bring a loose shirt of your choice with you to your first follow-up appointment (preferably button down) if you had surgery to the shoulder or arm or loose pants or sweats if you had surgery to your leg.

Please take it easy for the first few days after surgery. Please be gradual in your resumption of activities to allow yourself time to heal. Once at home, no matter what type of surgery you had, a good rule of thumb is to get up and walk around your house every 30 minutes during the day so that you keep active and minimize blood clots in your legs after surgery.

SPECIAL EQUIPMENT

Crutches or Walker

If you had surgery to your lower extremity (below the waist), crutches or a walker will be given to you in the hospital and will be used to help you walk. Prior to your discharge from the facility, the nurse or a therapist will teach you how to use the crutches or walker and they will review your weight bearing status – the amount of weight you place on your surgical leg.

Toe Touch Weight Bearing - place only 20 pounds on your surgical leg

Partial Weight Bearing - place approximately 50% of your weight on your surgical leg

Weight Bear as Tolerated - means that you are able to put as much weight on your leg as you feel comfortable.

We ask that you use a bathroom scale with your foot on it to determine the appropriate amount of pressure on that leg that will be used. Crutches or a walker will be given to you while in the hospital and can be used to help you walk or move about. It will be explained to you how to use the crutches or walker. We will progress your weight bearing status as medically indicated and will discuss this with you after your surgery.

Sling or Splint

A sling or splint may be used if you had surgery to your upper extremity. Prior to your discharge from the facility, the nurse or therapist will review with you how your sling works and how to use it. We will also review this information with you at your first postoperative visit. If you have a splint, it is important to elevate the extremity ABOVE the level of your heart to minimize postoperative swelling. If you have a sling on your arm, please keep it on until we see you in clinic. The sling will be adjusted then if necessary. Remember to wear the sling at ALL times except for range of motion exercises of the wrist and/or elbow. You will even sleep with it on. We recommend that you sleep either in recliner or on your back in bed, but with a pillow or blankets under your elbow to support the shoulder and prevent you from rolling onto it. Your elbow should be in front of you, not beside you. The duration of your sling or splint will be discussed with you at your first postoperative visit.

Knee Brace

A knee brace or knee immobilizer may be used if you had surgery to your knee. In patients with lower extremity nerve blocks done by your anesthesiologist, we ask that you wear the knee immobilizer/knee brace locked in extension for the first day after surgery to prevent your knee from buckling and a possible fall. Depending on your surgery, you may be asked to continue to wear your brace for up to 3 months after your surgery. This will be discussed with you at your first postoperative visit.

CPM Machine

CPM, also called continuous passive motion, is a device that is used to gently flex and extend the knee joint following knee replacement surgery. CPM machines were once thought to be beneficial in knee surgery to regain your range of motion after the surgery. Subsequent scientific studies did not demonstrate a benefit with the use of a CPM machine, and we no longer use them in the hospital. Once you are at home, we can arrange for you to have a CPM if you like but it is not mandatory. We recommend that you use the CPM machine for 2 hours, three times a day for a total of 6 hours a day. You might start each session a few degrees less than you finished your last session just to warm up your knee. Then, as pain permits, try to increase it at least 10 degrees every thirty minutes. Please increase the flexion and extension as much as you can tolerate. Your goal is to get full range of motion as quickly as possible. For directions on how to use the machine, or if the machine is malfunctioning, please call the phone number that is either on the machine or was provided to you at the facility.

Cold Therapy – Cryo-Machine

We recommend using ice or cold therapy over your surgical site to help reduce swelling and decrease pain. If your insurance allows, we will try to provide a machine that will circulate cold water around the wound with some compression (called a Cryo-Machine). We recommend using the machine for 20 minutes on the surgical site, followed by 20 minutes off the surgical site. If you did not receive a machine at the time you were discharged from the facility, just place a bag of ice on the surgical site for 20 minutes, then remove the bag for 20 minutes. Please also do NOT place either the ice or the Cryo-Machine directly against the skin. We recommend a towel between the ice or the Cryo-Machine to help absorb any moisture and to prevent possible freezer burn on the skin. Continue using the ice or Cryo-Machine as long as you desire.

PLEASE SEE THE NEXT TWO PAGES WHICH DETAIL SPECIFIC INSTRUCTIONS FOR SPECIFIC TYPES OF SURGERIES:

OUTPATIENT ARTHROSCOPIC SURGERY (Home same day as surgery – Scope or Arthroscopy)

- Wound Care

If your surgery is an outpatient arthroscopic surgery, please keep your surgical dressing on until your follow up visit with us which will occur the day or two after your surgery. Occasionally, body fluid may leak through the initial dressings placed on you after your surgery. This is normal and may be expected. If this happens, please reinforce the dressing with additional gauze or an ace wrap, and we will see you the next day. If you do not have an appointment with us the next day and are concerned, please call us (210-293-2663) and speak to the provider on call. Once the dressing is changed in our office, we would like for you to do once daily dressing changes (unless otherwise instructed by the physician) for the first 2 weeks or your sutures are removed. Most of the time, just using band aids or gauze and an ACE wrap to cover the incisions will suffice. Please keep the surgical site completely dry for the first two weeks following surgery. To keep you wound dry, sometimes wrapping the extremity with saran wrap will keep the wound dry if you are attempting to shower. Dr. Whaley or his team will review with you at your first visit how to safely bathe/shower, dress and perform personal hygiene.

OUTPATIENT TOTAL JOINTS or OUTPATIENT PARTIAL KNEE ARTHROPLASTIES (Did not spend night in hospital.)

- Wound Care

Your first post-op follow-up appointment will occur at one week in our clinic. At this time your dressing will be changed. If you have an Aquacel dressing, it will be removed after 14 days, and we ask that you please keep the surgical site completely dry for the first two weeks following surgery. To keep you wound dry, sometimes wrapping the extremity with saran wrap will keep the wound dry if you are attempting to shower. After this initial dressing change at the 2 week follow up visit, you may take a shower and wash your wound in a shower. Please contact your therapy location immediately after your surgery and start your therapy a few days after your surgery. We will see you in clinic 2 weeks after surgery to remove the stiches if necessary and verify that your therapy protocol is progressing.

- Follow-up Appointment

You will follow up with Dr. Whaley one week after surgery so that he can check to make sure you are doing well and review with your results of your surgery. You will also follow up with Dr. Whaley at 2 weeks from surgery. At this time, if indicated, we will check your incision and remove your sutures or stitches. You may resume most bathing or swimming activities without concern 48 hours after the sutures were removed. At this office visit, we will help arrange for formal physical therapy sessions if not already done so.

- TED Hose – Thrombo-Embolic Deterrent Hose

Please wear the TED hose on your surgical leg for the first 6 weeks after surgery to help with swelling and to provide compression which also aid as a deterrent for blood clots to develop.

- Blood Thinners

One of the major risks facing patients who undergo surgery in the lower extremities is a complication called deep vein thrombosis, a form of venous thromboembolic disease. Blood Thinners are used to prevent a DVT (Deep vein thrombosis) or blood clot after your surgery. Please resume your previously prescribed blood thinners or ECASA (enteric coated aspirin) 81mg by mouth twice a day to minimize your chances of developing a blood clot or a clot into your lungs. Take this aspirin for 30 days after your surgery. Different medications may be necessary if you have a history of already having a blood clot or were already on blood thinners before your surgery. Please check with Dr. Whaley in this situation to be sure you are adequately protected from this complication.

INPATIENT TOTAL JOINTS (Total Knee and Total Hip Replacement and you spent at least one night in the hospital)

- Wound Care

For most of our total joint replacement surgeries, Aquacel Dressings are applied on the incisions during surgery. If you did *not* have an Aquacel dressing, please change the dressing daily with dry gauze and either tape to hold it in place (hip surgery) or the TED hose or ACE wrap to hold it in place (knee surgery). If you have an Aquacel dressing, we will remove it in clinic at the 2 week follow up visit. Please keep the surgical site completely dry for the first two weeks following surgery. To keep you wound dry, sometimes wrapping the extremity with saran wrap will keep the wound dry if you are attempting to shower.

- Follow-up Appointment

Approximately 2 weeks after surgery, you will be coming back for your first follow-up appointment. At this time, if indicated, we will check your incision and remove your sutures or stitches. You may resume most bathing or swimming activities without concern 48 hours after the sutures were removed. At this office visit, we will review your therapy protocol or help arrange for formal physical therapy sessions if not already done so. We will also review with you the results of the surgery.

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When to Call Doctor

Please be aware of any signs of infection, such as redness, swelling, drainage, or increased pain at the surgical site. If any of these become a concern, please call us immediately at 210-293-2663. For more information, please refer to the handout you were given called Surgical Site Infections or go to: https://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf. Please call us or go to the emergency room if you develop a fever greater than 101.5 after your surgery or become short of breath, as these may indicate a worsening condition such as a PE/Pulmonary Embolism or an infection. You were given a handout on Pulmonary Embolism (<https://www.thoracic.org/patients/patient-resources/resources/pulmonary-embolism.pdf>) please review this for more information. Wound care is especially important in patients with diabetes, obesity or those who smoke, as this increases the risk of complications for delayed or non-healing of tissue and wounds. Thank you again for trusting us to take care of your orthopaedic needs. If you have further questions or concerns, please do not hesitate to contact us at 210-293-2663.