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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 7Up. As soon as you are able to tolerate these types of food, progress to your regular diet as you wish. Remember to eat prior to taking your pain medication; otherwise, the medication may make you nauseated.

□ **Medications**

- Unless otherwise instructed, please resume taking all of your medications that you normally take, except for aspirin or NSAIDS (a group of medications call non-steroidal anti-inflammatory drugs such as Motrin, Ibuprofen, Naprosyn, Aleve, etc). Do not resume aspirin or NSAIDS until cleared by your surgeon.
- You were given a prescription for narcotics after surgery. It is important to take them as directed on the prescription. For the first 24 hours after surgery, we recommend taking them every 4 to 6 hours around the clock to help with the pain relief and 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 be effective in your system after you take it. Remember not to drive, drink alcohol, operate heavy machinery, or make important decisions while taking the narcotics as the medication may impair your judgment. Within a week or 10 days after surgery, you should have weaned yourself off of the narcotics to over the counter Tylenol. If there are any questions regarding your medications after surgery, please ask or call us immediately.

□ **Activities**

Please take it easy for the first few days after surgery. 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 shirt of your choice with you to your first follow-up appointment (preferably button down).

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□ **Wound Care**

If your surgery is outpatient surgery (you went home the same day as the surgery), please keep your dressing on until your follow up visit with us. Your dressing will be changed during this first visit at our office. Occasionally, the wound may leak through the dressing. This is normal. Please just reinforce the dressing with 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 physician on call. Once the dressing is changed in clinic, we would like for you to do once daily dressing changes (unless otherwise instructed by the physician). Most of the time, just using band aids to cover the incisions will suffice. If you are being discharged from the hospital (you stayed overnight after the surgery), please change the dressing once a day. Again, most of the time, over the counter gauze for the dressing and using an ACE wrap or TED hose to hold the dressing in place will suffice. We ask that you wear the compressive TED hose for the first 2-6 weeks after surgery to help with swelling and to provide compression.

Please keep the surgical site completely dry for the first 48 hours 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 48 hours following surgery and while the sutures are still in, you may gently clean the surgical site area with water and mild, anti-bacterial soap, but do not submerge it under water and do not soak it so much that the surrounding skin becomes wrinkled. We will check your incision and remove your sutures, if indicated, approximately 14 days from surgery. 48 hours after the sutures are removed, you may resume most bathing or swimming activities.

□ **Special Equipment**

If you had surgery to your lower extremity, crutches or a walker will be given to you and can be used to help you ambulate. Prior to your discharge from the facility, the nurse or a therapist will review your weight bearing status (toe touch weight bearing, partial weight bearing, or weight bear as tolerated) and how to use the crutches or walker. 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 2-3 days after surgery to prevent your knee from buckling and a possible fall.

A sling, brace, or splint may be used if you had surgery to your upper or lower extremity. Prior to your discharge from the facility, the nurse or therapist will review with you how your brace 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, please keep it on until we see you in clinic when we do the first dressing change. 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 a 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.

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CPM, also called continuous passive motion, is a device that is used to gently flex and extend the knee joint following knee replacement surgery. If you were discharged with a CPM machine, we recommend that you use it 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. If you cannot locate the phone number, please call the facility where you had your surgery to obtain the CPM distributor's phone number.

□ **Cold Therapy**

We recommend using ice or cold therapy over your surgical site to help reduce swelling and decrease pain. Often, 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.

□ **When to notify your physician**

Wound care is especially important in patients with Diabetes or those who smoke, as this increases the risk of complications for delayed or non-healing of tissue and wounds. Please help us and 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. Please call us if you develop a fever greater than 101.5 or become short of breath, as these may indicate a worsening condition.

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.

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