

AFTER SURGERY

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 8-36 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.

Prescribed Medications

Narcotic pain medicine (Percocet or Norco): The goal of post-operative pain management is pain control, NOT pain elimination. You should expect some pain after surgery - this pain helps you protect itself while it is healing. Constipation, nausea, itching, and drowsiness are side effects of this type of medication. You should take an over-the-counter stool softener (Colace and/or Senna) while taking narcotics to prevent constipation. If you experience itching, over the counter Benadryl may be helpful. Narcotic pain medications often produce drowsiness and it is against the law to operate a vehicle while taking these medications. Do not take Tylenol-containing products while on these medications.

- Refill Policy: For concerns over your safety due to the rising opioid addiction epidemic in the United States, refills of your narcotic pain medications will only be provided on a case by case basis. Please use these medications judiciously.

Anti-inflammatory (NSAID) medicine (Naproxen or Mobic): These are both anti-inflammatory and pain relief. Do NOT take this medication if you have had an ulcer in the past unless you have cleared this with your primary care doctor. You should take NSAIDs with food or antacid to reduce the chance of upset stomach.

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.

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.

Stool softener (Colace and/or Senna): are available over the counter at your local pharmacy and should be taken while you are taking narcotic pain medication to avoid constipation. You should stop taking these medications if you develop diarrhea. Over the counter laxatives may be used if you develop painful constipation

Diet

Start with clear liquids (water, juice, Gatorade) and light foods (jello, soup, crackers). Progress to normal diet as tolerated if you are not nauseated. Avoid greasy or spicy foods for the first 24hrs to avoid GI upset. Increase fluid intake to help prevent constipation.

Dressings / Wound Care

You may remove the outer dressing after 2 days. Do not remove Steri-strips (white stickers) if present over your incisions. Steri-strips may come off on their own, which is normal. After the bandage has been removed, you may leave the incisions open to air. Alternatively, if you prefer to keep them covered, you may do so with Band-Aids, a light gauze dressing, or a clean ACE wrap.

Keep your incision clean and dry until your first postoperative visit, approximately 10-14 days after surgery. It is OK to clean around the incision with wet gauze but **DO NOT** soak the incisions underwater.

You may shower after the bandage has been removed (3 days), but it is very important that you keep the wounds dry. Covering them with plastic wrap is often a very inexpensive and effective way to stay dry. You may remove your sling or brace to shower, unless otherwise instructed. As your balance may be affected by recent surgery, we recommend placing a plastic chair in the shower to help prevent falls.

Do **NOT** take baths, go into a pool, or soak the operative site until approved by Dr. Wang.

Bracing / Physical Therapy

If you were given one, make sure you wear sling or brace at all times until your follow-up with Dr. Wang! Only remove your sling or brace for physical therapy, home exercises, and hygiene. These are typically used for 6 weeks after surgery in order to protect the healing of tissue.

Physical therapy is just as important to your recovery as the actual operation! If you were given a prescription for physical therapy, make sure you go to your appointments and do your exercises daily at home (especially motion exercises).

Ice is a very important part of your recovery. It helps reduce inflammation and improves pain control. You should ice a few times each day for 20-30 minutes at a time. Please make sure there is something under the ice (clean towel, cloth, T-shirt) so that the ice doesn't directly contact your skin. If you ordered a commercially available ice machines (optional) and a compression setting is available, you should use **LOW** or no compression during the first 5 days. After that, you may increase compression setting as tolerated. If the compression is bothering you then do not use compression.

Driving / Travel:

Ultimately, it is your judgment to decide when you are safe to drive, but if you are at all unsure, do not risk your life or someone else's. As a general guideline, you will not be able to drive for 4-6 weeks after surgery. You should certainly not drive while on narcotic pain medication.

Avoid flights and long distance traveling for 6 weeks after surgery. It is important to discuss your travel plans with Dr. Wang, as additional medications may need to be prescribed to help prevent blood clots if certain travel is unavoidable.

Return to Work or School

Your return to work will depend on what surgery was done and what type of work you do. Please note that these are general guidelines, and there may be modifications based on your unique situation. Typically, you may return to sedentary work or school 3-7 days after surgery if pain is tolerable and you are no longer requiring narcotic pain medication. In conjunction with your input, Dr. Wang will determine when you may return to more physically rigorous demands.

If you had Shoulder Surgery

- If your surgery involves a repair (rotator cuff repair, labral repair), you will have a sling on for six weeks after surgery. As long as you can abide by the restrictions, you can return to work when you feel like you can do so safely. However, you will need to take into consideration driving and activities related to your job. If you have a sling, you will need to wear it all day. You may be able to safely loosen it if you are able to keep your arm supported. Please understand that you will NOT be able to work with your arm away from your body, above shoulder level, or use your arm against gravity for approximately 8 weeks. For jobs that require physical labor, you may require four months or more to return to work. If your surgery does NOT involve a repair (subacromial decompression, distal clavicle resection, capsular release), then you will be in a sling for only a few days after surgery. When comfortable, you may return to work when ready to conduct normal activities of your job. Remember that you may be on narcotic pain medications and these should be discontinued prior to your return to work. For jobs that require physical labor, you may require 6 weeks or more to return to work.

If you had Knee Surgery

- If your surgery involves a ligament reconstruction, you will typically be prescribed crutches for the first few days until pain allows you to fully bear weight and also wear a brace for 6 weeks. If cartilage work is performed, you may be on crutches for 6 weeks. Some people will be prescribed a home motion machine to passively move the leg while you rest. Individual rehabilitation guidelines will vary based upon the unique situation and surgery of every patient, but take these general guidelines into account when planning return to work.

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.

Follow-Up

A Follow-up appointment should be arranged for 10-14 days after surgery. If one has not been provided, please call the office to schedule.

NOTIFY US IMMEDIATELY FOR ANY OF THE FOLLOWING:

Most orthopedic surgical procedures are uneventful. However, complications can occur. The following are things to be aware of in the immediate postoperative period.

- **FEVER** – Temperature rises above 101.5°F or associated chills/sweats
- **WOUND** – If you notice drainage more than 4 days after surgery, if the drainage turns yellows and foul smelling, if you need to change gauze multiple times per day, or if sutures become loose.
- **CARDIOVASCULAR** – Chest pain, shortness of breath, palpitations, or fainting spells must be taken seriously. Go to the emergency room (or call 911) immediately for evaluation.
- **BLOOD CLOTS** – Orthopaedic surgery patients are at risk for blood clots. While the risk is higher for lower extremity surgery, even those who have undergone upper extremity surgery are at an increased risk. Please notify Dr. Wang if you or someone in your family has had blood clots or any type of known clotting disorder. Signs of blood clots may include calf pain or cramping, diffuse swelling in the leg and foot, or chest pain and shortness of breath. Please call the office or go to the hospital if you recognize any of these symptoms.
- **NAUSEA** – If you have severe vomiting, diarrhea, or constipation, or cannot keep any liquid down
- **URINARY RETENTION** – If you cannot urinate the night after surgery, please go to the Emergency Room.