



POST-OP INSTRUCTIONS
Dr. BRIAN J. WHITE

FOLLOW-UP APPOINTMENT:

Please set up an appointment to see me after your procedure. The first appointment should be **10-14 days** after your surgery. You will then be seen again at **six (6) weeks**, and **twelve (12) weeks** post-operatively. Certain situations may require more visits, but this would be the minimum.

POST-OP CARE:

Please follow these instructions carefully. If you have any questions or concerns please contact a member of Dr. White's team at Western Orthopaedics: 303-321-1333.

PHYSICAL THERAPY:

Please make an appointment for your Physical Therapy to begin as soon as possible after surgery (next day or two). I believe that working hard and getting started early with Physical Therapy and doing the exercises regularly at home is critical for a successful outcome.

You will be given specific exercises to follow at different time frames during your rehabilitation. Follow these instructions carefully. If you have any questions please phone 303-321-1333.

****In some situations (shoulder surgery mostly) you may be immobilized for a period of 4 weeks and no therapy other than moving your elbow and wrist would be required.**

DRESSING and WOUND CARE:

The first post-op dressing change should occur on the second day after your surgery.

- Change the gauze pads or op-sites every other day after the first change or if they become wet or soiled. The Tubigrip stocking or ACE wrap is used for knees to hold the gauze pads in place-change it as needed.
- **DO NOT** touch, remove or apply ointment to the tape strips (steri-strips) over the incisions. These will be removed two (2) weeks after surgery.
- At each dressing change evaluate the incision for excessive drainage, redness surrounding the incision or red streaks coming away from it, increased pain, and increased temperature. These are all signs of infection. If you have any questions or concerns **please phone immediately**.
- In some situations, a Tegaderm adhesive is placed over a piece of gauze to keep the wound dry for showering.

SUTURES/STAPLES:

The sutures used during surgery are made to dissolve and are buried under the skin. These require no care. Some incisions may have "tags" of suture outside of the skin at either end of the wound. At the two (2) weeks post-op the "tags" must be clipped at the skin level. This will be done in the clinic please do not do this yourself.

If staples or non-dissolvable sutures were used to close your incision, they will be removed at your first postoperative visit. The staples need to be removed using a special staple remover. The sutures need to be removed using a sterile suture removal kit, please do not try to remove them on your own.

BATHING:

It is important to keep the incision dry at all times for the first two (2) weeks post op. Tegaderm or Op-Site dressings can be used to cover the wounds completely to allow showering during this period and to keep the wound dry. After showering, the gauze, or op-site bandages do not need to be changed unless they become wet. Avoid baths, swimming pools or soaking in a hot tub until all incisions are completely healed, usually two (2) to three (3) weeks. (It is recommended that you stay out of a hot tub for six (6) weeks.)

SWELLING / INFLAMMATION CONTROL AND REACHING YOUR RANGE OF MOTION GOALS ARE THE PRIMARY FOCUS FOR THE FIRST TWO (2) WEEKS AFTER SURGERY.

The following will help you reach your goals:

ELEVATION:

Elevate your operative body part whenever possible. Elevation means the operative region is kept in a position higher than your heart.

ICE:

Ice your operative body region 5-6 times a day 20 min at a time. This can be achieved in a number of ways: ice bags, durakolds, freezer wraps, or frozen peas can be used. If you purchased or rented a Theracool or Game Ready unit, use it as much as possible (using the above intervals for a total of at least 3-4 hours a day). Whatever the means, be very diligent with your icing. Be sure to put a thin sheet or T shirt next to your skin while icing, as the ice can cause frost-bite.

TED HOSE

TED hose are to be worn for the first two (2) weeks after surgery. They should be worn over the calf at all times. They serve the dual purpose of decreasing the chance of blood clot formation and aid in controlling swelling in the lower extremity. You may remove them nightly to wash and inspect your skin, but you should wear them as much as possible to gain the maximum benefit.

PLEASE NOTE: TED hose are not used if your procedure was a hip arthroscopy.

DIET:

You may eat a regular diet, if not nauseated. Drink plenty of non-alcoholic, non-caffeinated fluids.

Driving:

You can not drive until you are off narcotic pain medications. The determination of when to drive is based on when you feel that your braking time is not affected by your surgery and you can do it safely. For right leg surgery, this may be 4-6 weeks. It may be sooner on the left. Please use caution in the beginning and consider first practicing in an empty parking lot.

RANGE OF MOTION:

Exercise will help to decrease the amount of swelling. Follow your specific protocol of activities and stay within the limitations outlined in your physical therapy protocol.

CPM Machine- If you were given a CPM or bending machine for your knee or hip, use it for 4-6 hours a day for 2-3 weeks. It is helpful for minimizing adhesions and for mid range of motion.

Use this to augment your home therapy exercises-not to replace them. End range or Terminal flexion or extension is best achieved with other exercises. If a microfracture was performed, you will need to use the CPM for a minimum of 6 hours a day for 6 wks.

MEDICATIONS:

You will be discharged with medications. Use as directed on the label. All medications should be taken with food. Please phone with any problems/questions. Your medications may be as follows:

Narcotic Pain Medications:

Oxycodone 5 mg- Take 1-2 tablets, as needed every 4-6 hours for breakthrough pain. This medication does not contain Tylenol.

Oxycontin 10 mg- (may also be labeled as Oxycontin 10 mg ER)- This is a **long acting** pain medication that is taken regularly every 12 hours and no sooner. If you notice your pain decreasing you may take this less often.

Norco or Percocet- Both are short acting pain medications and **contain Tylenol**. Do not take additional Tylenol with these. Tylenol in excess or combined with alcohol can cause irreversible liver damage.

Weaning: After 1 week, decrease the Oxycontin to 1x per day for 3 days, then stop this medication. You should also begin to use your short acting pain medication (oxycodone, vicodin or percocet) less frequently.

Constipation: Drink extra fluids and eat fiber while on these medications. You may also use over the counter laxatives or stool softeners (**Colace or Mirolax**). Please call with any problems.

**PLEASE DO NOT: MIX WITH ALCOHOL
DRIVE WHILE TAKING PAIN MEDICATION**

WE TRY TO AVOID ANTI-INFLAMMATOY MEDICATIONS FOR (4-6) WEEKS FOLLOWING FRACTURES, OSTEOTOMIES, SOFT TISSUE REPAIRS, AND TOTAL JOINT REPLACEMENTS AS THEY MAY INHIBIT HEALING.

One exception- I do use Naproxen after Hip arthroscopy to decrease the risk of

hip flexor tendonitis and bone formation in the muscle.

Please Note: Narcotics are HIGHLY ADDICTIVE pain medications that can create constipation and lethargy. All narcotic pain medications are highly addictive and must be used with caution. The body can adapt to them, and in order to achieve pain relief, the body can require increasing doses and ultimately become dependant on them.

For these reasons, Dr. White prescribes narcotic medications with caution. Nevertheless, in appropriate situations, such as after injury or surgery, these medications will be prescribed for acute pain. They should be tapered and used sparingly.

Also note, that it is the strict policy of this office that narcotics and other pain medications will NOT be refilled on weekends or after hours. As well, to avoid creating an addiction, we will only provide 1 refill of your short acting pain medication.

Avoidance of Blood Clots:

Blood clots or DVT's can occur after orthopaedic surgery- Signs include significant calf pain and swelling. You could also have respiratory symptoms, which could include shortness of breath and pain with deep breathing. If you have any of these symptoms, please call me.

To minimize this risk, I use TED hose (**not used for hip arthroscopy**), recommend that women on Estrogen or birth control pills come off them for about 3 weeks if possible, and send some patients home on a blood thinning medication:

1. **Ascriptin**- Aspirin and Maalox. Take one tablet once a day for 10-14 days.
2. **Lovenox**- Injectable blood thinner. Once a day for 2-4 weeks. The nurses in the hospital will teach you how to use this medication.
3. **Coumadin**- This is a medication taken by mouth at night. I use this for total joint replacement patients for **4 Weeks** from the surgical date. This medication is very sensitive to certain foods and other medications. **YOU MUST HAVE YOUR BLOOD CHECKED 2 TIMES THE FIRST WEEK YOU ARE ON THIS AND EACH WEEK AFTER TO MAKE SURE YOUR DOSE IS APPROPRIATE.** These blood draws will be arranged by the hospital and results will be called to Western Orthopaedics. Please call to see if any changes need to be made to your medication dose. It is common that the medication dose you were given at the time of discharge may need to be changed.