

## Post Op Instructions: Trauma

### MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

You may be given a paper copy for your post op prescriptions, or they may have been ePrescribed. Do NOT leave the hospital until you have picked up these medications.

#### **FOR PAIN RELIEF:**

- **We do NOT recommend ibuprofen, Advil, Aleve, Motrin, or NSAID products for 6wks after surgery**, as these can delay healing.
- **We recommend taking Tylenol for pain relief, however, use caution when taking TYLENOL** or other acetaminophen products. Do NOT exceed more than 3000mg of Tylenol per day.
- You have been provided one or more of the following pain medication after your surgery. Refer to hand-outs provided by pharmacy for more information. See last page for narcotic information.
  - **DILAUDID 2mg (hydromorphone)**: This is a very potent narcotic that should be used for extreme pain only, and should be used very minimally. Take 1-2 tablets every 4-6 hours as needed for pain. Wean off ASAP.
  - **OXYCODONE 5 mg**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. If you are not in pain, you should not take this medication. Try to wean down your use of this drug as soon as symptoms allow.
  - **LORCET 5 mg (hydrocodone 5mg and acetaminophen 325mg)**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
  - **TRAMADOL 50mg**: This is a short acting medicine for pain that is still considered a narcotic, but is less potent. Take 1-2 tablets every 6 hours as needed for pain.
  - **ROBAXIN 500mg (methocarbamol)**: This temporary medication may be used for any muscle spasm pain you have associated with your surgery. Take 1 tablet 3x/day or as needed for any pain associated with muscle spasms.
  - **OTHER:** \_\_\_\_\_

#### **FOR NAUSEA:**

- **ZOFRAN (Ondansetron) 4mg Tablet** - this medication is AS NEEDED for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience nausea despite taking this medication.

#### **FOR ANTI-COAGULATION (Blood Thinners):**

You have been prescribed one of the following anticoagulation medications. This medication is taken to prevent a blood clot from developing, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication. In addition to the medication, please wear the white compression stockings on your lower legs for 2 weeks after surgery, as these help prevent a blood clot. The stockings may be washed.

- **LOVENOX 40mg(enoxaparin) injection**: This is a daily injection, given for several weeks after surgery. Inject 40mg subcutaneously daily. Do not take aspirin while taking this. You may need to follow this medication with several weeks of aspirin if instructed to do so.
- **XARELTO (rivaroxaban)**: This blood thinning medicine is taken for several weeks, starting the day after surgery. Do not take aspirin while taking this medication. Refer to instructions on bottle for length of time this medication is needed.
- **ASPIRIN 325 mg**: This is a mild blood thinner. Please take 1 tablet every day for several weeks: starting the day after surgery, no matter what kind of procedure you had. Refer to instructions on bottle for length of time this medication is needed.
- **ELIQUIS 2.5mg (apixaban)**: Usually this blood thinning medicine is taken 2x per day for several weeks, starting the day after surgery. Do not take aspirin while taking this medication. Refer to instructions on bottle for length of time this medication is needed.

#### **OTHER MEDICATIONS (Rx)**

- **OTHER:** \_\_\_\_\_

#### **OTHER MEDICATIONS TO CONSIDER:** *(you may buy these over the counter, without a prescription)*

- **TYLENOL**: Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to *add in Tylenol for pain control if needed*. This can be taken as 325-600mg every 4 hours. You may take Tylenol at the same time as oxycodone, or alternate it. The maximum dose for Tylenol per day is 3000mg.

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- **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning these the day after surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- **BENADRYL:** Itching can be common when taking narcotics. Take this as needed for any itching symptoms. It may also be used with Melatonin for a sleep aid if you have any issues or discomforts with sleeping post op, as it may cause drowsiness.

## **DRESSING/BANDAGE CHANGES:**

For some surgical procedures, you may change your surgical dressing **starting the day after surgery**, or if you are seeing a physical therapist, you may have them do this for you. Please read these directions in their entirety before beginning a dressing change. Other procedures may have you leave on your bandages for several days before a dressing change. The following is instructions on how to do dressing change:

- Take down/remove all the bandages besides the Steri-Strips (white tape on your skin), or if there are no steri strips, gently take down all bandages to the sutures/skin. **DO NOT REMOVE THE SUTURES.**
  - For **Lower Extremity Surgery**, you may remove the ACE wrap, Webril (cloth wrap), large white cloth pads, any pieces of 4x4 gauze, any OpSites (clear waterproof bandages), or yellow linen pieces (called Xeroform).
  - For **Upper Extremity Surgery**, you may remove any tan foam tape, Webril (cloth wrap), large white cloth pads, any pieces of 4x4 gauze, any OpSites (clear waterproof bandages), or yellow linen pieces (called Xeroform).
- It is very important that you **leave the last layer of bandage on your skin**; this layer is made of “Steri-Strips”, which are the white pieces of tape adhered directly to your skin. These should stay on until your first post-operative appointment. You may not have steri strips placed during your surgery, in this case, take all the bandages off down to the sutures and recover the incision with an OpSite.
  - You may GENTLY clean around the Steri-Strips/incision with a warm washcloth and antibacterial soap to remove any dried blood, or solution used to clean your operative area prior to surgery. Do NOT scrub the incision area.
  - Do NOT put any oil, Neosporin, hydrogen peroxide, or lotion on your incision. After 3-4 weeks, we recommend using Mederma for scar minimization, found at most pharmacies.
  - Do NOT submerge your incision in any bath or hot tub for 3-4 weeks after surgery.
- After you have cleaned the incision area, you may re-cover each of the suture areas/incisions (with the Steri-Strips still in place if provided) with an OpSite Bandage that was given to you in post-op. Several sizes of OpSites have been provided, choose the best one that fits your needs. To place the OpSite, peel the paper off of one side to reveal the sticky tape, then place this over your incision. Then you may remove the top layer of paper from the OpSite to reveal the clear tape adhered to your skin.
  - You may shower with these OpSites covering your incision. Once the OpSite appears wrinkled, dirty, or old, you may peel it off and replace it with another one. **We recommend changing the OpSite every 1-3 days.** Keep an OpSite over your incisions every day until seen by an Ortho MD.
  - You may shower three days after your surgery. To shower, we recommend sitting down, or getting a camping chair or metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, crutch or carefully walk into the bathtub, sit down on the chair in the shower, remove any brace/sling that you are required to wear (as they are not water proof), and while safely seated, allow the water to roll over your operative area, protected by the OpSites. Once you have finished bathing, pat the incision area dry, replace the OpSites as needed, and then put your sling/brace back on and stand up and crutch out of the tub area.
- You may notice suture/stitches on your incision, these may be black or they may be clear, like fishing line. These will be removed at your first post-op appointment, or if you are following up elsewhere, they may be removed by your physical therapist or another physician 10-14 days after surgery.
- Some signs to look for that may be of concern are an incision that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms with a high fever is reason to call our office.
  - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
  - For **tibial plateau fractures** after an Ex-Fix, your incisions may leak large amounts of yellow fluid, which is normal due to the yellow colored betadine we use to clean your wounds.

## **OTHER GENERAL SURGERY INFORMATION**

**ICE:** Swelling and bruising is normal after surgery because there is bleeding associated with surgery. Continuous icing will help to decrease swelling and pain. It is normal for trauma patients to have significant swelling associated with their surgery, especially in the lower leg/foot for leg surgery and in the wrist and hand for arm surgery. Continues icing and elevation of involved extremity will help decrease this swelling, although be advised it may take several weeks-months for it to resolve.

It is best to **ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a NICE or Game Ready unit (an ice/compression machine). If you have received a NICE machine and have any questions regarding its use, please call the number provided with the machine. You may use the

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NICE wrap around operative area when you are resting comfortably, but anytime up and about, take the ice wrap off and use your brace/sling as directed. We do not recommend using the compression feature until 3-4 days after surgery.

**DRIVING:** Please do not drive until you are evaluated in an physicians office after surgery. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur. Absolutely no driving while taking narcotics or with weight bearing restrictions on your right leg.

**PHYSICAL THERAPY:** This is dependent on your injury and specific procedure. You may be given specific protocol after your surgery (included in the white folder). Please begin therapy at a facility of your choice as soon as possible following surgery (within 3 days) and **bring the protocol with you to the visits.**

**ACTIVITY RESTRICTIONS/BRACE/CRUTCHES/SLING:** This is dependent on your injury and specific procedure. You may be required to use a sling, crutches, or a brace. **If you are placed in a sling/brace, it is extremely important to use as directed and make sure you always have the brace on when ambulating (walking).** It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. You may take the sling/brace off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting. You should wear the sling/brace while sleeping unless told otherwise by our team. When sitting or lying down, please try to keep your operative extremity elevated.

**SIGNS AND SYMPTOMS OF COMPLICATIONS:** Although complications are rare, the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.
- **Blood Clot** – swelling, tenderness, or calf pain to touch or when you move your ankle up and down, shortness of breath and chest pain.
- **Compartment Syndrome** - any *severely* increased pain, swelling; especially common several hours to days after surgery, associated with numbness, tingling, cold/tight/pale skin, sometimes described as a “pressure-like pain”

#### **REASONS TO CALL:**

- Fever, chills or sweats
- Redness, swelling, or warmth around the incisions, non-clear drainage from the incision or increased pain in or around the incision (Ex-Fix patients – normal to have yellow discharge)
- Severe pain not relieved by medications with cool pale skin near surgical extremity
- Calf swelling, redness, painful to touch, or warmth
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

If any of these concerns occur after-hours, please call **(310) 860-3048** to speak to the on-call physician, or go to your local ER!

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## CONTACTS:

- For any **MEDICAL QUESTIONS** (surgery, medications, post op recovery, or PT): please email [CooperSurgery@docsspineortho.com](mailto:CooperSurgery@docsspineortho.com). This contact may not be available outside of business hours/weekends. Please reach out several days prior to needing a Rx refill or work note, etc.
- About your post op appointments, scheduling concerns or other general questions: **310-860-3042**
- For billing concerns, please contact Medicus at **949-743-9595**
- If you have an urgent or emergent concern that is unable to be addressed for any matter, please call **911** or go to your nearest urgent care or ER

## NARCOTIC INFORMATION

Narcotics are a class of medication used for pain relief. These include the following medications:

(More Potent)---- **Hydromorphone/Dilaudid** ----**Oxycodone**----**Hydrocodone/Lorcet**----**Tramadol**----(Less Potent)

Narcotics may be necessary after surgery due to the pain associated with surgical procedures. Narcotics are prescribed to help provide *temporary pain relief*, starting the day of surgery. They are not intended for long term use. If you have been prescribed a narcotic, please read all information provided by the pharmacist and be aware of the side effects, drug interactions, and adverse effects associated with narcotics. Some of the most common effects are dizziness, nausea, vomiting, hypotension (low blood pressure), constipation, sleepiness, itching, headache, insomnia, nervousness, decreased appetite, rash, anxiety, euphoria, withdrawal symptoms if abruptly discontinued, dependency, abuse, addiction, respiratory depression, and shallow breathing. Never mix narcotics with any of the following: other opiates or narcotics, Benzodiazepines – Valium, Xanax, etc., or Alcohol.

Things you can do to prevent adverse effects:

- Ask your pharmacists if you are taking any other medications, if it is safe to do so with narcotics.
- Do not drink or take drugs while using narcotics. **Do not drive** or operate heavy machinery. Do not make any serious life decisions while taking narcotics, as your judgement is impaired.
- Narcotics are addictive and have a high abuse and overdose potential. Wean off of narcotics as soon as symptoms allow; try Tylenol extra strength instead.
- It is very common to have constipation with any narcotic use. Please try stool softeners and laxatives, such as Miralax, Senna, or Docusate as a first step in treatment.
- Take **Benadryl** for any severe itching associated with narcotics
- Use caution when walking around; take your time getting up from a seated position to avoid dizziness and falls.
- Take with food. Consider using **Zofran** if you have any nausea associated with narcotic use.

Appropriate Use of Narcotics:

Take 1-2 tablets every 4-6 hours. Start by taking 1 or 2 tablets with a small amount of food when you get home from surgery. **Set an alarm or write down when your last dose was**. After 4 hours, assess your pain level. If you have a lot of pain, take another 1-2 tablets 4 hours from last dose. If you have manageable pain or low pain, take only 1 tablet after 4 hours, or wait until 6 hours from last dose to take another tablet. If your pain seems manageable, then decrease to 1 tablet every 6 hours. You may also try switching to Tylenol instead of a narcotic.

You may use Tylenol with the narcotics, but be aware of the dose of Tylenol, and **do not exceed 3000mg of Tylenol per day**.

Some people may not need any narcotics after surgery. Some may only need 1 tablet just prior to Physical Therapy or to help them sleep pain free. Others may need 2 tablets every 4-6 hours for the first 3-5 days after surgery. *Judge your pain level throughout the day* and assess how much you will need on a personal basis. If you think you may need more medication, and are running low, please contact us 1-2 days before you run out of medication.

Consider weaning off of narcotics on a day by day basis, but do not get to the point where you have too much pain that they become ineffective. This is called a pain crisis, and usually occurs when a patient thinks they can suffer through extreme pain for an extended period and does not take any narcotics. If this occurs, it may be difficult for narcotics to cover the pain at that point, and you may need to go to the ER for IV pain control. Avoid this if at all possible by assessing your pain level throughout the day and staying on top of your pain medicine schedule.

Other Narcotic Information:

Once you have weaned off of narcotics completely for several weeks, consider *returning any unused medications to your local police department for disposal*. Do not flush them down the toilet or throw them in the garbage, as this can contaminate our water supply. *Keep narcotics locked and stored*, away from children especially. If you have any questions or concerns about Narcotics, ask your pharmacist or a member of our team.