



# ORTHOPAEDIC ASSOCIATES

OF MICHIGAN

## **DISCHARGE INSTRUCTIONS FOLLOWING General Orthopaedic Surgery by Dr. Matelic**

### **NORMAL SYMPTOMS:**

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity
- Mild drainage from incisions
- Mild bruising or discoloration

### **YOU SHOULD:**

- Continue current dosage and wean from narcotics
- Rest and ice your surgical extremity
- Perform your home exercises as prescribed
- Reinforce dressing with gauze
- Observe for worsening of symptoms

### **IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD CONTACT YOUR OAM PROVIDER:**

- Excessive drainage from your incisions
- Redness or heat around your incision
- A temperature greater than 100.5 degrees
- Uncontrolled swelling
- Calf pain and/or swelling
- Pain to the surgical extremity that is not controlled with pain medications
- A fall or injury to your surgery arm or leg
- Continued or worsening numbness of your surgical extremity beyond 24 hours

### **IF YOU NOTICE THE FOLLOWING SYMPTOMS, YOU SHOULD REPORT TO THE EMERGENCY ROOM:**

- Chest pain
- Shortness of breath at rest
- Confusion

### **PAIN CONTROL**

- Several methods may be used to help manage your pain:
  1. **Cold Therapy.** Ice packs should be applied to your surgical site for approximately **20 minutes** at a time, several times a day as needed for pain and swelling. Care should be taken during cold application. Use a dry, clean towel between the skin and ice and only keep the ice on the area until the skin becomes numb.
  2. **Medication.** Several different types of medication are used to help reduce pain. They usually work best when they are used along with other methods of pain management.
    - **NSAIDS** (Non-Steroidal Anti-Inflammatory Drugs) such as Motrin, Aleve or Ibuprofen. These medications reduce pain and swelling. They relieve mild to moderate pain. They can be used in addition to Narcotics. They may or may not be prescribed for you. Do not take if you are on blood thinners or have a stomach ulcer history.

- **Narcotics** such as Norco, Vicodin or Hydrocodone. These medications are used to reduce your pain ***and must not be taken any more often than prescribed.*** In an effort to keep your pain under good control, you should take the pain medication routinely as prescribed during the first 24-48 hours following surgery. As the pain lessens, begin taking it as needed (within the prescribed guidelines). As you become more comfortable, you may substitute Tylenol or an NSAID for pain control.
  - **Nausea** – Pain medication should be taken with food as this will help to prevent any stomach upset or nausea which is common.
  - **Do not drink alcoholic beverages while taking pain medications.**
  - **Do not drive while taking pain medication.**
  - Requests for pain medication should be made during normal office hours. **Please Note: Pain medication will only be ordered during regular office hours** and cannot be called in to a pharmacy.
  - The goal is to have you off narcotics 1-2 weeks after surgery or sooner.
  - You may resume your routine medications unless otherwise instructed.
- 3. Nerve Blocks.** You may receive a nerve block before, during or after your surgery to help manage your pain. If you are a candidate, your anesthesiologist will explain this to you prior to the procedure. ***It is not uncommon to have a numb surgical extremity for up to 24 hours.***
- 4. Local Anesthetic.** A long acting local anesthetic may be injected into your surgical site during the surgery. This often gives added pain relief and will last only a few hours.
- **Constipation** – Is common with narcotics pain meds. Increase your fluid and juice intake, eat more vegetables and bran. Also, you may purchase Pericolace, a stool softener at any pharmacy to help with constipation. Take this two times per day.

#### **BLOOD CLOT (DVT) PREVENTION**

- Aspirin 81 mg twice a day for two weeks to help prevent blood clots (DVT). **Do not take** Aspirin if you are on blood thinners, i.e. Coumadin, Eliquis, Xarelto, Pradaxa, have an allergy to Aspirin, or have a history of stomach ulcers.
- Quadriceps Isometric exercises and ankle pumps should be done for a few minutes three times an hour throughout the day when you are awake.
- If you have been given a pair of compression devices for your legs, wear these when you are resting until you return to normal activities.

#### **WOUND CARE**

- **Bleeding** during the first 24 hours following surgery is normal. If bloody drainage is noted through your dressing, do not remove the existing dressing, but apply a fresh layer of dressing over top. Apply direct pressure over the area where the drainage is noted. Apply ice to the area. If drainage continues throughout the night, call the office for further instructions.
- **Dressing** – May be removed on the second day after surgery. You will have staples or sutures with steri-strips to close your incision. **Do not remove the steri-strips** as they will fall off on their own. You may place a new dressing if there is drainage or if the incision is irritated by clothing.
- **Shower** – You may shower after your first dressing change as long as there is no drainage. Soap and water may run over your incision in the shower. Do not scrub your incisions. Do not soak your incisional area until after your follow up appointment. Gently pat your incisions dry after your shower.
- **Bathing** – No tub baths, hot tubs, or swimming in a pool or lake until your incision sites are completely healed and your sutures/staples have been removed (at least two weeks). Do not soak your surgical site under water.
- Swelling and **discoloration/bruising** of the surgical site is common. This will gradually resolve.

### **PHYSICAL ACTIVITY**

- **Sling/Splint/Boot** may or may not be needed post operatively. Details will be provided after surgery.
- Until you resume more normal activity, work at pumping your ankles frequently (3 times an hour while awake). This helps with circulation and preventing blood clots from forming. Also elevate your legs when sitting.
- **Physical Therapy** may or may not be required. This will be addressed at your post op appointment.
- **Driving** – May be resumed 24 hours post op *unless otherwise instructed*. **NO DRIVING IF TAKING NARCOTICS.**
- **Work** – You will need to discuss returning to work with your doctor.

### **FOLLOW UP APPOINTMENT**

- You should be seen in the office for follow up **10-14 days** following your surgery. A wound check, details of your surgery, and expectations will be reviewed. **Call the office today if you do not already have an appointment.**
- OAM has a physician available by phone 24 hours per day for **EMERGENCY** orthopaedic needs. Routine questions, including requests for pain medication, are best handled during weekday business hours. (616) 459-7101.

### **QUESTIONS?**

- If you have any questions that have not been covered by this handout, please contact Dr. Matelic's staff at **(616) 459-7101**.