



Post Operative Instructions:

1. Medications:

Two medications have been prescribed for you to make you more comfortable, and decrease the swelling in the knee following surgery.

a. A pain medicine (narcotic):

This is usually either Darvocet (Propoxyphene) or Vicodin (hydrocodone) depending on which pain medicines have been used before and what has been known to be effective for you. These pills should be taken only as needed for severe pain and only when pain is present. They do not aide in the healing of the knee but are used to "Take the edge off" of the pain. Do not take more than two every four hours and do not mix with alcohol. As the pain lessens, decrease the number of pills that you are taking, stopping them as soon as the pain is at a tolerable level without the pills.

b. An anti-inflammatory medicine:

Usually this will be either Voltaren (diclofenac) or Naprosyn (naproxen). The purpose of these pills is to aide in reducing the swelling that naturally occurs following surgery and to allow easier bending of the knee after the surgery. These medicines have the added benefit that they are helpful in reducing the pain, but they should be taken on a regular basis whether pain is present or not. Because stomach upset may occur, it is best to take them after eating something and not on an empty stomach. If significant stomach upset occurs, stop taking the medication; it is an aide, but not a necessity.

2. Bandages:

A plaster splint has been placed on your arm, and this should be kept in place without being removed until returning to the orthopaedic office two weeks after the surgery. The splint contained within the bandage and the stitches underneath the bandage must be kept dry to protect the integrity of the splint and to prevent infection. If it accidentally becomes wet or excessively soiled, call to the orthopaedic office to make an appointment to have it changed earlier.

3. Bathing:

The bandages beneath must be kept dry. Use of a bathtub is OK if you are able to keep the bandages dry by keeping the operated hand out of the tub. Showering will require that the splint be kept dry by sealing it off with tape and



a plastic bag. **It is very important the the incision not be allowed to become wet as this may cause an infection.**

4. Activity:

The first two days after the surgery are the most painful and the most important in keeping the swelling down. During this time you should spend as much time as possible with the hand elevated higher than the level of your heart. The higher it is raised, the less swelling you will have.

5. Exercises:

Most patients are anxious to begin exercises as soon as possible after the surgery in order to prevent atrophy (weakening) of the muscles and keep the hand from getting stiff. Early exercises are also often helpful in “getting the ache out.” You will be able to resume your normal activities of exercise between two and four weeks after the surgery, but there are some exercises you should start right away.

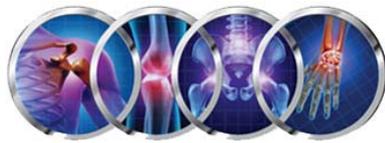
- a. Finger flexion exercises:** Gently flex the fingers of your hand into a fist and then slowly relax them back to straight. Try to perform this at least 10 times per day, increasing the number as your hand becomes less swollen.
- b. Counting exercises:** Touch your thumb to each of your fingers slowly in succession while counting to four and then back down to one. You may expect to feel some improvement in the sensation of your fingers very soon after the operation, but recovery may be delayed if the condition was very severe or present for a long period of time prior to the operation.

6. Diet:

You may resume eating your usual diet after surgery, but it is best to begin slowly with liquids and then some solid food before eating anything very big. It is common to have some nausea or loss of appetite during the first day after the operation because of the anesthetic. There are no special foods or diet supplements that have been shown to speed healing after surgery, so the best guidelines to follow are to eat as many green leafy vegetables and fruit as possible and avoid greasy or high fat content foods.

7. Things to watch for:

- a. Fever:** It is very common to run a low grade fever (<101) during the first two days after the operation and this is not a problem. If your temperature goes higher than 101 or stays higher than 100.5 for more than the first three days after the operation, the orthopaedic office should be called.



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- b. Excessive pain:** The medications prescribed are usually sufficient to allow a reasonable comfort level, but if this is not the case, the medication may need to be changed or the leg examined. Call if the medications prescribed seem inadequate, bearing in mind that some pain is expected.
- c. Medication intolerance:** Any new rash, severe stomach upset, dizziness or other difficulty such as this should be reported. Stop the medicine which seems to be causing the problem.
- d. Constipation:** This is a very common side-effect of the pain medication. It is best treated by eating lots of fruit and bran and getting off the pain medication as soon as possible.

8. Numbers to call for questions or problems:

For questions or non emergent problems call the Orthopedic office between 9 a.m. and 5 p.m. Tell the receptionist the date of your surgery and the question or problem. For emergencies or questions which must be answered after hours or on weekends, call the same number and leave a voicemail message. The doctor on call will return your call.

I have read and received a copy of the above instructions.

Signature of patient or guardian