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INSTRUCTIONS ON CARING FOR YOURSELF AT HOME

POST OP INSTRUCTIONS FOLLOWING ORTHOPAEDIC SURGERY

Medications:

- Most patients will need some narcotic pain medication such as *Percocet (Oxycodone)* or *Vicodin (Hydrocodone)*. Take as directed on the bottle.
- Common side effects of pain medicine are nausea, drowsiness, and constipation. To minimize these side effects, take the smallest dose needed to control the pain. Take medications with food. If constipation occurs, take an over the counter laxative. A stool softener such as Colace may prevent constipation.
- If you have severe nausea, or your pain is not controlled please call the office to have your medication changed.
- Do not drive a car or operate machinery while taking narcotic pain medications.
- You maybe given *Celebrex* to further enhance pain control. Take as directed on the bottle. Studies have shown it reduces the overall amount of narcotic pain medication needed, and increases the time interval between narcotic pain medication usage.
- If you were **not** given *Celebrex*, *Aleve* or *Ibuprofen (Advil, Motrin etc)*, can be taken in between narcotic pain medication dosing to help minimize peaks and valleys of pain.
- If you surgery on your legs, it's a good idea to take 1 baby *Aspirin* (81mg) once a day for 4 weeks or until you are reasonably mobile. This is to prevent a DVT (blood clot in the deep veins of your leg).
- Antibiotics are typically not prescribed after surgery.

Diet:

- Begin with clear liquids and light foods such as broth, and Jell-O.
- Progressively normalize your diet if you don't experience nausea, vomiting, or bloating.

Activity:

- You may weight bear as tolerated unless otherwise instructed by Dr. Seneviratne.
 - Weight bearing as tolerated (WBAT): Place as much weight on your legs as comfortable.
 - Partial weight bearing (PWB): Place 50% of your body weight on the affected leg.
 - Toe Touch weight bearing (TTWB): Place 20lbs of weight on the affected leg.
 - Non weight bearing (NWB): No weight bearing on the affected leg.
- You may walk as tolerated.
- Cane/crutches:
 - If you had lower extremity surgery, you may use a cane as needed for walking.
 - Remember the cane goes in the opposite hand.
 - Depending on the surgery most people use it for 2-3 days following surgery.
 - Crutches maybe given after some types of surgery.
- Physical Therapy
 - PT will be started about 1 week post op when you come in for the follow up visit unless specified otherwise.
- Sex – no restrictions.
- Driving
 - Patients who have had surgery on the **left** leg, and who have an automatic transmission may drive when they can comfortably get the leg in and out of the car.
 - Be cautious of any bulky splints or casts that may impede operation of a vehicle.
 - Patients who have had surgery on the left leg and have standard transmissions should not drive until they have good muscular control of the leg. This usually takes 3-4 weeks.
 - Patients who had surgery on the **right** leg should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.

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Wound Care:

- If you have a **splint or cast** do not attempt to remove it.
- Keep your operative dressing on for 48 hours. You may loosen bandage if excessive swelling of the foot and ankle occurs.
- Remove all cotton and yellow gauze 48 hours after your surgery. Please leave steri-strips (white paper strips) on your wound until you see the doctor.
- Reapply ACE bandage over a new gauze pad to cover the incision.
- If you were given a stockinette, wear it for 1 week at all times (can remove it for showers and wound care).
- You may shower 48 hours after surgery. Please use CAUTION!! Be careful not to slip, twist, or fall. A stool placed in the shower so you can sit is a great idea so you can stabilize your leg. Do not soak in a bathtub, hot tub, or pool until the doctor tells you it is O.K. to do so. Once you are done showering pat the wound dry and reapply a dry dressing as directed above.

Ice/Cryotherapy:

- You should use ice on the operative site immediately after surgery. Use cold therapy as often as possible (especially after exercising) to reduce swelling and discomfort.
- If using an ice pack, do not ice the operative site more than 20 minutes at a time. Let the area warm up before reapplication. Avoid getting your wound wet.

Common Concerns:

- Numbness around the incision site on some parts of the body is common. Most of this will resolve over time but a small area may remain numb. This is unavoidable because of the proximity of the nerve to the incision.
- A sudden rush or feeling of fullness with pain when going from a sitting to a standing position in the leg or arm is common after surgery.
- For surgical procedures in the lower limb
 - Bruising and/or swelling of the thigh, shin and ankle are common after surgery. This usually occurs 3-4 days after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve this discomfort it is best to ice the leg.

Follow-up visit:

- You need to see the doctor about one week following surgery for your first post-op visit. At that time your sutures (stitches) will be removed.

Please call if:

- If at any time you have discomfort, swelling, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
- Fever (>101.5 degrees F) especially if accompanied by chills (low grade fever is common and not be concerned with).
- Excessive bleeding.
- Pain that is not controlled with medications.
- Numbness in leg or arm lasting more than 18 to 24hours.
- Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following orthopaedic surgery. If you have any questions or concerns please do not hesitate to call the office at any time.