

# After Surgery Instructions



## General Instructions

- Keep injured arm or leg elevated with pillows (above the level of the heart).
- No weight bearing on the injured extremity unless Dr. Vermillion orders it in your discharge instructions.
- Keep activity to a minimum.
- Take medications as prescribed. **NO ALCOHOL!**
- Bring your medication bottles to your post-operative appointments at Dr. Vermillion's office.

## **Cast and Splint Care**

- Keep clean and dry.
- Do not put anything between the cast and your skin (e.g., coat hangers or pencils).
- Take special care of a new cast or splint. **Do not walk on splints, as they may break.**
- Allow new cast to dry approximately 48 hours before handling or writing on it.
- As the cast dries it will become cooler and lighter.
- Never remove a cast yourself.

## **Control Your Pain**

- Use your pain medication as needed. You will recover faster if you keep your pain to a minimum.
- Use your pain medication according to instructions. Do not exceed the recommended dosage.
- Take your pain medication at least 30 minutes before physical therapy.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Dr. Vermillion often prescribes a Game Ready ice machine for post-op pain control. Use it as directed, which means you should have it on whenever you are inactive.
- **DO NOT TAKE ANTI-INFLAMMATORIES SUCH AS IBUPROFEN UNLESS APPROVED BY DR. VERMILLION.** Non-steroidal anti-inflammatories (NSAIDs) have been shown to retard, or even stop, the healing process in cartilage.

### **Use Your CPM and/or Game Ready Machines as ordered**

- Dr. Vermillion frequently prescribes a **Game Ready** ice machine for post-op pain control. The Game Ready provides intermittent cooling and pressure to reduce swelling and speed healing. You should have the Game Ready on whenever you are inactive.
- **Continuous Passive Motion Machines (CPM)** move your leg for you, which helps reduce swelling, move blood from the joint, and prevent stiffness. In most patients after extensive joint surgery, attempts at joint motion cause pain, so the patient avoids moving the joint. This allows the tissue around the joint to become stiff, and scar tissue to form, resulting in a joint that has limited range of motion. It often takes months of physical therapy to recover that lost motion. The CPM gradually moves the joint without the use of the muscles, which helps prevent this post-operative stiffness and speed your recovery. You will need to use it for several hours every day. If you have been given an immobilizer brace, be sure to remove it before using the CPM.
- You can use the CPM and Game Ready at the same time.
- You should continue to use these machines for 2 to 4 weeks after your surgery.
- A representative from the company will issue you these machines prior to your surgery so that you can begin using them immediately post-op. When you are finished with them they will be returned to the company. Normally insurance does cover the cost.

### **Physical Changes You May Not Expect**

- Your appetite may be poor. Drink plenty of fluids to keep you from getting dehydrated. You will be hungry again eventually!
- You may have difficulty sleeping. This is normal. You can help yourself get sleep at night by not napping too much during the day.
- You will have reduced energy levels during the first month.
- Pain medication contains narcotics, which can cause constipation. Use over the counter stool softeners or laxatives such as Milk of Magnesia if necessary, and be sure to drink plenty of fluids.

### **Lovenox**

You may be given Lovenox to help avoid blood clots in your legs during this time of decreased activity. Blood clots can lead to a life threatening condition called a pulmonary embolism, which happens when a blood clot travels from the legs to the lungs. Lovenox is a blood thinner. You will receive instructions in the hospital about how to use the Lovenox and for how long. Lovenox is an injection given into the fatty tissue of the stomach. You will administer this injection at home for 7 to 10 days after your surgery.

### **Pressure Stockings**

- You will be asked to wear special pressure stockings to help compress the veins in your legs, to help keep swelling down and reduce the change for blood clots.
- If you have problems with swelling in your operative leg, elevate it for short periods throughout the day, with the leg elevated higher than your heart. Notify Dr. Vermillion if you notice increased pain or swelling in either leg.
- Wear the stockings continuously, removing for only 1 to 2 hours twice a day. Ask Dr. Vermillion when you can stop wearing the stockings. Usually it will be about 3 weeks after the surgery.

### **Caring For Your Incision**

- Keep your incision dry. You may shower 3 days after surgery, but use caution not to get your incision wet. After showering apply a fresh, dry dressing.
- Keep your incision covered with a light, dry dressing until your staples are removed, usually about 10 to 14 days.
- Notify Dr. Vermillion if you have increased drainage, redness, pain, odor or heat around the incision. If you feel warm or sick take your temperature. Call Dr. Vermillion if your temperature is 101 degrees Fahrenheit or higher.
- After sutures or staples are removed you may get your incision site wet. Use regular soap. Use a separate, clean towel to dry the incision area to prevent infection until fully healed.

### **Changing Your Dressing**

- Wash your hands.
- Open new dressing materials.
- Remove the old dressing.
- Look carefully at the incision for increased redness, an increase in clear drainage, yellow or green drainage, odor, or skin around the incision that is hot to the touch.
- Dr. Vermillion may have ordered Betadine. If so, use one Betadine swab to paint the incision from top to bottom. Turn the swab over and paint it again from bottom to top. Use the remaining swab to paint the drain site.
- Pick up the ABD pad or sterile 4x4 by one corner and lay over the incision. Be careful not to touch the inside of the dressing that will be touching the incision.
- Place one ABD pad or sterile 4x4 lengthwise of the incision, and place the other pad crosswise to form a "T" to cover the drain site.

- Tape the dressing in place.

## How to Recognize and Prevent Potential Complications

### **Danger Signs**

*(If any of these signs occur, notify the office immediately, day or night.)*

- Increasing swelling of fingers or toes, even with elevation.
- Numbness or tingling.
- Increasing inability to move fingers or toes.
- Poor circulation or discoloration of fingers or toes.
- If any of the above occur with a splint, remove and re-wrap ace bandage more loosely.

### **Infection**

- Signs of infection include swelling or redness at the incision site. Also watch for changes in the amount, color or odor of drainage. Increased pain in the hip or fever greater than 100 degrees Fahrenheit may also be signs of infection. *If you have any of these symptoms you need to call Dr. Vermillion's office immediately.*
- You can help prevent infection by taking care of your incision as explained.
- If you had joint replacement surgery you now have an increased risk of infection when you have dental work or other surgery. ***For at least 2 years after your surgery you will need to take prophylactic antibiotics if you have any type of dental or surgical procedure.*** Notify your other physicians and your dentist that you have an artificial joint.

### **Blood Clots in Legs**

Surgery may cause the blood to slow in the veins of your legs and create blood clots. This is why Dr. Vermillion prescribes Lovenox after surgery. It is possible that a clot will develop despite these efforts to avoid them, and if this happens you may need to be admitted to the hospital to get blood thinners intravenously. A blood clot can turn into a pulmonary embolism, which is a very serious complication, so it is very important that you get treatment promptly if a blood clot is suspected.

- Signs of blood clots in your legs include swelling in your thigh, calf or ankle that doesn't go down when you elevate the leg. Please note that a blood clot can form in EITHER leg, not just the leg you had surgery on. Shortness of breath or chest tightness can also be an indication of a possible clot.
- You can prevent blood clots by doing the foot and ankle exercises you were shown in the hospital, walking, wearing your compression stockings, and using your blood thinners (such as Lovenox) as instructed.

### **Pulmonary Embolus**

When a blood clot breaks away from the vein and travels to the lungs it is called a pulmonary embolus. This is a very serious, potentially life-threatening condition, and you should call 911 immediately if you suspect that you have a blood clot.

- Signs of a pulmonary embolus include sudden chest pain, difficult and/or rapid breathing, shortness of breath, sweating, or confusion.
- You can help prevent a pulmonary embolus by preventing blood clots in your legs, and getting treatment promptly if you suspect a blood clot.

### **Dislocation (after hip replacement surgery)**

Severe pain, rotation or shortening of your leg, or inability to walk or move your leg may indicate that your new hip has dislocated. Call Dr. Vermillion immediately if you experience these symptoms. It is important that you constantly guard against dislocation:

- DO NOT cross your legs (ever!)
- DO NOT twist side-to-side
- DO NOT bend at the hip past 90 degrees

All medical care should be individualized to a patient's functional level, medical condition, and personal choice.