

PATIENT INSTRUCTIONS FOLLOWING OUTPATIENT SURGERY

Nerve Block Instructions

- If you received a nerve block for your procedure, please refer to the nerve block brochure
- Your affected limb will be numb until the block starts to wear off
- Do not use the affected limb until the block wears off
- Start taking pain medication when you begin to feel the block wearing off—pain will be more difficult to control if allowed to grow to a severe level

Diet

- Resume a heart-healthy diet as soon as possible
- Nausea is common after surgery, and may be related to anesthesia medication or pain medication
- Start with light, bland foods and advance as tolerated. If nausea persists, take the anti-nausea medication (phenergan) as prescribed
- If nausea persists despite medication for more than 12-24 hours, call the office

Medication

- **PAIN MEDICATION:** A prescription for pain medication will be given to you at discharge, if it was not given to you at your pre-op appointment. Take your pain medication as prescribed:

- PERCOCET or NORCO or TRAMADOL (depending on the nature of your surgery)
  - Take 1 tablet every 6 hours for first 24 hours then as needed

If you were prescribed PERCOCET for major surgery and you are still having intolerable pain, add:

- OXYCODONE
  - Take 1 tablet every 6 hours as needed for breakthrough pain

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*CAUTION: For your safety, in order to minimize the risk of dependence, the goal for all post surgical patients is to wean from narcotic medication within 2 weeks after surgery*

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- NAPROSYN
  - Take 1 tablet twice daily as needed for pain
  - This medication also helps reduce inflammation and swelling postoperatively
- ASPIRIN
  - Take 1 tablet daily for 30 days to minimize the risk of developing a blood clot after surgery
- PHENERGAN

- Take 1 tablet every 6 hours as needed for nausea after surgery
- BENADRYL
  - Take 1 tablet every 6 hours as needed for itching after surgery
    - This medication can make you feel drowsy
- SENNAKOT
  - Take 1-2 tablets every 12 hours as needed to relieve constipation
    - Constipation is a common side effect of pain medication

If your surgery included repair of a broken bone, or bone healing is important after your surgery, you may have been prescribed:

- VITAMIN C
  - Take 1 tablet daily for 90 days
  - Vitamin C minimizes the risk of developing complex regional pain syndrome, also known as complex regional pain syndrome (CRPS) or reflex sympathetic dystrophy (RSD). While rare, this condition may occur when an extremity is immobilized, including after surgery
- VITAMIN D
  - Take 1 tablet daily for 90 days

All of the above-listed medications, especially pain medication and Benadryl, should not be consumed with alcohol or other drugs. This may cause severe illness or death.

Please resume any other medications you were taking prior to surgery, unless instructed by Dr. Rice or your family physician.

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*Please Note: MEDICATION REFILLS are filled only Monday-Friday 8:00AM-4:00PM by calling 513-354-3700. Please allow 24-hour notice.*

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**Showering (one of the following instructions will be selected)**

- For most surgeries (including scope surgeries) you may shower 2 days after surgery. DO NOT soak or immerse the incisions or affected area in water. DO NOT rub or wipe the incisions. Allow soapy water to run over the incisions. Ensure the incisions are dry before placing a new dressing.
- OR
- If you were placed in a splint or cast after surgery (such as an ankle fracture surgery), DO NOT get the surgical area wet! Keep bandages ON and dry during bathing/showering of the remainder of your body. You can clean the rest of your body as needed- bath, shower, etc.- but keep the surgical area clean and dry at all times!

**Dressing Care**

- Keep your dressing clean and dry at all times aside from showering (see instructions above).

- Wound Cleansing Instructions: For all dressing changes, the person changing the dressing must wear gloves. Wounds should be cleansed with either hydrogen peroxide or betadine, either swabs or soaked gauze. Wounds are then dressed in dry sterile dressings.
- For patients with iodine/betadine allergy, clean wounds with hydrogen peroxide-soaked sterile gauze.
- Applying a new dressing: For small scope portal wounds that are dry and not draining, bandaids may be sufficient. For larger wounds, or wounds with more drainage, dress with sterile gauze and tape or ACE wrap, depending on the body region. Change dressing more often as needed for drainage that soaks the dressing.
- You can expect some light bloody wound seepage through your bandage. Do not be alarmed! A small amount of fluid seepage is normal. For surgeries that involve arthroscopy (scope surgery), abundant sterile saline is pumped into the joint during surgery, and much of the fluid gradually seeps out postoperatively, typically in the first 24-48 hours. This can amount to a large volume of saturation, often with a pinkish or very light red hue as a very small amount of blood can color the otherwise clear saline fluid. This is expected.
- If your dressing has a large amount of bright red blood and a rapidly expanding area, please call the office.
  
- Splint/Brace Care:
  - Keep the splint/brace on until your next office visit. DO NOT get the splint/brace wet.
  - Do not stick anything down inside your splint/brace.
  - If you have a cast/splint and the skin itches underneath, use a hairdryer set on no heat and place it on the itchy area for 10-15 seconds. This will vibrate the cast/splint enough to give some relief.
  
- Standard Dressing:
  - Remove the dressing in 2 days and follow wound cleansing instructions above. Follow the showering instructions selected above for your wound.
  - DO NOT remove your dressing until you are seen in the office.
  
- Activity
  - Minimize activity for 2-3 days after surgery. You cannot legally drive while you are considered impaired! Impaired includes: narcotic medication use and restriction of any extremity due to bracing, surgery, etc. Therefore, you may not drive during the postoperative period until you are medically cleared by Dr. Rice.
  - Cough and deep breathe every hour while awake for the next 24 hours.
  - Apply ice over the affected area for 20 minutes 4-5 times a day for one week. DO NOT allow the ice bag to sit directly on the skin! This can lead to frostbite! Place a towel between the ice and your skin. Bags of frozen vegetables (i.e. Peas) serve as inexpensive ice bags and work well molding to the extremity. If you have a splint or brace, you can leave the ice on for a longer period of time to allow the cold to penetrate to the affected area. Even if you do not feel the cold, it is decreasing the core temperature of the joint.
  - Bruising around surgical incisions and the general body area is common and within normal limits after surgery. When bruising occurs, it may take 2-4 weeks for full reabsorption and resolution. Bruising typically travels with gravity. For example, after shoulder surgery, bruising may travel down the arm to the elbow, occasionally into the forearm; after knee surgery, bruising may travel down the leg toward the ankle, or if you have been elevating diligently, may travel up the thigh.
  - Swelling and inflammation of the joint/body area is common and expected, often times persisting weeks or even months after surgery in some cases, and is part of the healing process. Ice and elevation are the best tools to treat swelling. Swelling may occur around the site of surgery (i.e. shoulder, knee, etc.) and can involve the extremity more broadly—this is especially common with knee surgery, which can include swelling throughout the leg, foot and ankle as well. In shoulder surgery, swelling may involve the upper lateral chest wall.

- Numbness and tingling are expected after surgery, particularly if a nerve block procedure was performed. Additionally, in many surgeries numbing medicine is injected around the site of surgical incisions to help control postoperative discomfort. If this does not improve within 48-72 hours, contact the office.
- DO NOT use heat.
- DO NOT use exercise equipment unless otherwise instructed.
- For UPPER EXTREMITY surgery, DO NOT lift anything with the affected extremity.
- For LOWER EXTREMITY, elevate the affected area on pillows while reclining in order to place the affected area above the heart level. This will help with swelling.
- For LOWER EXTREMITY surgery of the hip or knee, pump your foot up and down and tighten your thigh muscles 20 times per hour while awake to help prevent blood clots. If your ankle has been immobilized in a splint, cast, or boot, do not pump your foot, and wiggle your toes instead.
- For Lower extremity surgery, you will be designated with one of the following weight bearing statuses based on your specific surgery and intraoperative findings:

WEIGHTBEAR AS TOLERATED. Use crutches or walker for a few days until your leg feels more stable, muscles have awakened, and you feel comfortable ambulating without them.

PARTIAL WEIGHTBEARING (about 50%). Use crutches or a walker to help support half of your weight (the weight of your waist up through the crutches, only the weight of the leg comes through the foot). If you place more weight on the affected extremity, you may cause your repair to fail and have poor clinical result.

TOE-TOUCH WEIGHTBEARING (about 5-10%). Use crutches or a walker to help support almost all of your weight, with the foot lightly touching the ground as a balance point. If you place more weight on the affected extremity, you may cause your repair to fail and have poor clinical result.

STRICT NON-WEIGHTBEARING (0%). Use crutches or a walker (or sling if upper extremity) to support all of your weight. If you bear weight on the affected extremity, you may cause your repair to fail and have poor clinical result.

- Follow-up

- If you had an elective procedure, you should have an initial post-operative visit scheduled during your pre-operative visit. If one was not scheduled, call the office in the next day or two and schedule a postoperative visit for approximately 15 days from the date of your operation for most surgeries. For a Tuesday surgery, schedule for Wednesday two weeks after. For a Thursday surgery, schedule for Friday two weeks after. If these days fall on a holiday or any other schedule conflict, allow Madison to help choose an appropriate follow-up date.
- If you have an emergent procedure, call the office in the next day or two and schedule a postoperative visit
- Notify the office if you have: fever greater than 101.5 degrees, excessive bloody drainage, loss of circulation to the extremity

- Our Office number is: 513-354-3700. You may contact Dr. Rice's Surgery Scheduler, Madison Sheldon, directly at 513-985-8630 for postop appointment scheduling and general questions about your care
- If you have any problems and are unable to contact your doctor, go to the nearest emergency department