

Yazdan Raji, MD & Mark R. Hutchinson, MD**UI Health | UIC Sports Medicine**

During Business Hours: Call **312-996-1300** for any questions or concerns.

After Hours: Call **312-996-7000** for urgent questions after 6 PM. Ask for the orthopaedic resident on call.

General Post-operative Patient Discharge Education**Medication:**

- Only take the pain medication that your doctor and his team have prescribed for you.
- You will be unable to receive more medication if you finish the pills too quickly.
- Do not take medication more often than prescribed, as it may have harmful side effects.
- Sometimes pain medication can cause nausea or vomiting. You may be prescribed anti-nausea medication.
- The goal of post-operative pain management is pain control, NOT pain elimination. You should expect some pain after surgery. This pain helps your body protect itself while it is healing.
- Some patients may be discharged on a Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and/or aspirin. This will help control pain and inflammation as well as sometimes help prevent blood clots.
- Be sure to tell your doctor or his team if you have an allergy to NSAIDs or have had a history gastrointestinal (GI) bleeding.

Nerve Block:

- The anesthesia team may have placed a nerve block prior to surgery to help with post-operative pain control.
- Numbing medication is injected around the nerves that travel to that body part.
- As a result of this, you may have significant numbness or inability to move your extremity after surgery.
- In some instances, you will go home with a small pain medication reservoir (OnQ® pump) that will continue to provide pain relief for up to 48 hours.
- You will know the nerve block has worn off if you have increasing pain or are able to move your arm or leg.
- The nerve block (without the pain medication reservoir) usually wears off in about 8 to 12 hours, but sometimes can last up to 24 hours.
- While the nerve block is working, be sure to carefully pad your arm because you will not feel anything.
- It is a good idea to start taking pain medication as soon as you start feeling some soreness near your surgical site.
- Call the office if you are still unable to move your extremity after 24 hours (or 72 hours if you have the pain medication reservoir).

Ice Machines and Ice Bags:

- Ice your operative extremity at least 4 or 5 times a day for 20 minutes at a time.
- Make sure you have a towel or cloth between the ice and your skin to prevent frost bite.
- This is especially important if you have a nerve block.
- We recommend that you do this for at least for the first three days after surgery.
- Some patients continue to do this well after their surgery.

Diet:

- It is not uncommon to be nauseous after surgery, especially during the first 48 hours.
- Begin with clear liquids and light foods (Jello®, soups, etc).
- You may progress to your normal diet if you are not nauseated.
- Call the office if you are unable to eat.

Follow-up Appointment:

- Your follow-up appointment should have already been created prior to you undergoing surgery.
- Please call your doctor's office at 312-996-1300 on the day after if you are unsure of your appointment time.
- Follow up appointment are typically 7 – 14 days following surgery.
- During that visit, your sutures will be removed and sometimes x-rays will be taken.

Therapy:

- Some patients have had the opportunity to schedule an appointment for physical therapy prior to their surgery.
- You may go to any physical therapy clinic that is convenient for you.
- Your doctor and his team will decide based on your surgery when to start physical therapy.
- A script for physical therapy will often be included in your discharge instructions on the day of surgery. If you are not sure, please call the office.
- Call your physical therapy clinic to confirm your first therapy appointment.

Slings and Braces:

- Please wear your sling or brace at all times until your follow up appointment with your doctor and his team, unless instructed otherwise.
- Only remove your sling or brace for physical therapy, home exercise and hygiene.
- To bathe under your surgical arm (for shoulder surgery patients), lean forward from your waist and allow your arm to fall forward to wash under your arm. Do not lean to the side.
- You can put a washcloth under your arm for comfort if you choose.
- If you are wearing a Gunslinger brace, do not remove your brace.
- The slings and braces are designed to protect the repairs made during surgery.
- *Patients who do not follow their instructions for sling and brace wear are MUCH MORE LIKELY to have an unsatisfactory outcome.*

Home Exercises:

- You will often receive exercises for you to do at home.
- Please perform only the exercises that your provider or physical therapist give you.
- These exercises will vary depending on the surgery you underwent.
- Most patients will be prescribed a home exercise program.
- If you don't one, please ask if one is appropriate for you.

Driving:

- Ultimately, it is your judgment to decide when you are safe to drive, but if you are at all unsure, do not risk your life or someone else's.

- As a general guideline, you will not be able to drive for 4 – 6 weeks after surgery.
- You should certainly not drive while on narcotics (Vicodin, Norco, Percocet, Oxycontin, etc.).

Wound Care:

- You can change your dressing in 3 days, unless told otherwise.
- Remove the old bandage and you may see old blood and special butterfly strips (Steri-strips). Leave the strips in place.
- DO NOT PUT any alcohol, lotions, or any other medications on your sutures.
- You can clean AROUND the area with a CLEAN washcloth and soap and water only.
- Cover the area with a clean dry gauze dressing (4x4) from the drug store.

Travel:

- Avoid long distance traveling after surgery.
- Please discuss any travel plans you have with your doctor and his team before scheduling your surgery.
- Special arrangements may need to be made with the airport and airline.

Return to Work:

- Your return to work will depend on what surgery was done and what type of work you do.
- Please note that these are general guidelines, and there may be modifications based on your unique situation.

Shoulder Surgery Patients:

- If your surgery involves a repair (rotator cuff repair, labral repair), you will have a sling on for six weeks after surgery.
- As long as you can abide by the restrictions, you can return to work when you feel like you can do so safely.
- However, you will need to take into consideration driving and activities related to your job.
- If you have a sling, you will need to wear it all day.
- You may be able to safely loosen it if you are able to keep your arm supported.
- Please understand that you will NOT be able to work with your arm away from your body, above shoulder level, or use your arm against gravity for approximately 8 – 12 weeks.
- For jobs that require physical labor, you may require 4 months or more to return to work.
- If your surgery does NOT involve a repair (subacromial decompression, distal clavicle resection, capsular release), then you will be in a sling for only a few days after surgery.
- When comfortable, you may return to work when ready to conduct normal activities of your job.
- Remember that you may be on narcotic pain medications and these should be discontinued prior to your return to work.
- For jobs that require physical labor, you may require 6 weeks or more to return to work.

Knee Surgery Patients:

- If your surgery involves a ligament reconstruction, you will typically be prescribed crutches for the first few days until pain allows you to fully bear weight and also wear a brace for approximately 2 weeks.

- If cartilage work is performed, you may be on crutches for 6 weeks.
- Some people will be prescribed a home motion machine to passively move the leg while you rest. Individual rehabilitation guidelines will vary based upon the unique situation and surgery of every patient, but take these general guidelines into account when planning return to work.

Hip Surgery Patients

- If your surgery involved treatment for hip impingement (FAI), you may be prescribed a brace and you will typically be on crutches for 2 – 6 weeks, depending on the surgical findings and procedure.
- Tendon repairs (but not tendon releases) around the hip will require 6 weeks of crutch use.

Elbow Surgery Patients:

- Rehabilitation protocols vary widely depending on the type of surgery you have.
- Some patients may be able to return to activities within 1 – 2 weeks following surgery as pain allows.

When to Call the Doctor:

- It is common to have fevers during the first 48 hours after surgery.
- It is normal to have swelling throughout the limb that was operated on.
- You may notice significant bruising in that limb. This will improve with time.
- Reasons to call the doctor include:
 - Fevers over 101°F, chills, sweats
 - Excessive bleeding (you had to change the dressing twice)
 - Foul odor
 - Excessive redness
 - Excruciating pain
 - Yellow or green discharge or drainage
 - Shortness of breath or trouble breathing
 - Color change in wrist or hand
 - Inability to eat
 - Excessive nausea or vomiting
- Please call the office if you are experiencing any of the symptoms or have other concerns.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room or call 911.**