



## **Orthopedic Discharge Instructions**

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*Please refer to checked items only*

### **FOLLOW-UP APPOINTMENTS:**

- Your follow-up appointments have been scheduled for:
  - **First** post-op visit is scheduled for \_\_\_\_\_. This will likely be with a PA.
  - **Second** post-op visit is scheduled for \_\_\_\_\_. This will be with your surgeon.
- If you do not have a post-op appointment or need to reschedule, please call the office at 303-837-0072
- If you have suture or staples, they will likely be removed at your first appointment.

### **INCISION:**

\_\_\_\_ Your sutures are under the skin and will absorb on their own.

- There is adhesive glue on your incision, which will dissolve over time.

\_\_\_\_ You have sutures/staples on the skin that will be removed.

- These will be removed at your first post op appointment

### **DRESSING:**

\_\_\_\_ You have a Silverlon or silver-based dressing in place.

- Please keep this on until your first follow-up visit.
- The dressing is water resistant. You may shower the day after surgery.
- If water seeps into the dressing, or if the dressing comes off, simply remove and cover with gauze and tape.
- We can also supply you with a new Silverlon dressing. Please call the office to obtain.
- Do not soak the dressing/surgical site in a bath, pool, or hot tub for at least six weeks after surgery.

\_\_\_\_ You have a simple gauze dressing over the incision.

- You may remove this two days after surgery.
- This is not water resistant. You may shower after you remove the dressing. Pat the incision dry after showering.
- If there is bleeding or leaking from surgical incisions, cover with a Band-Aid or more gauze. You can purchase gauze and tape from your pharmacy.
- Do not soak the dressing/surgical site in a bath, pool, or hot tub for at least six weeks after surgery.

\_\_\_\_ You have another type of dressing.

- Follow instructions provided by the plastic surgery team.
- If you have a wound vac, please follow instructions provided by wound care team.

### **CAST/SPLINT CARE:**

\_\_\_\_ You DO NOT have a cast/splint

\_\_\_\_ You DO have a cast/splint

- Please keep your cast or splint clean and dry.
- Elevate your cast/splint above the level of your heart at all times.
- Do not use any foreign object to scratch the skin under the cast as this may cause skin damage, damage to the cast, or get broken off and lodged within the cast.
- Call our office if you experience increasing pain, numbness/tingling, or get the cast wet.

### Discharge Instructions (continued)

- The cast/splint should be only be removed by your physician or physician assistant, unless you are specifically instructed otherwise.

#### SWELLING:

- Some swelling is normal after surgery. To minimize swelling and discomfort, you may **elevate your limb above the level of your heart**.
- Ice packs may be applied over the dressings to help with pain and swelling. Ice packs should not be applied directly to your skin. Ice the surgical area for 20-30 minutes, 4-5 times per day.
- A gently wrapped elastic (i.e. ACE) bandage can be applied to minimize swelling. If an elastic bandage wrap is used, it should start at either the foot or the hand and be wrapped up the extremity.

#### ACTIVITY:

- Please **avoid strenuous activity** for a least one month following surgery to decrease the risk of wound healing problems. As your surgical site starts to heal, you should gradually start to increase activity.
  - Your activity limitations include:
    - Your weight bearing status until otherwise instructed is listed below:
      - \_\_\_ **Non-Weight Bearing**
      - \_\_\_ **Toe Touch Weight Bearing**
      - \_\_\_ **Weight Bearing as Tolerated**

#### DRIVING:

- The decision to resume driving will be made by you and your physician.
- In general, you may resume when you are comfortable and **no longer taking narcotic medications**.
- If your surgery involved your right leg (driving leg), you may not be able to drive for a longer period of time.
- When you resume driving, it is recommended that you start in an empty parking lot and test your physical ability to react quickly. If you are able to comfortably maintain control of your vehicle and **rapidly apply the brakes** if needed, then it is safe to drive.

#### MEDICATIONS:

- Resume your usual home medications unless otherwise directed.
- Medications will be prescribed and refilled on an as needed basis. Our goal is to use multiple different types of pain medications together to control pain and minimize side effects.
- You may call our office Monday through Friday, 8:00a.m. to 5:00p.m. as needed for refills.
- Please allow 24 hours for medication refills and do not wait until you are completely out before calling.
  - Blood thinner (aspirin, warfarin, Lovenox, Xarelto)
    - You should only take ONE blood thinner unless otherwise directed by your physician.
    - This medication has been prescribed to prevent blood clots, which include DVT (deep vein thrombosis) and PE (pulmonary embolism).
    - You can minimize your risk of blood clots by working on calf pumps and ambulating several times per day.
  - Narcotics (oxycodone, Dilaudid, Norco, Percocet)
    - Do not drink alcohol, drive, or operate heavy machinery while taking narcotics.
    - These medications **will cause constipation**. You should take a stool softener/laxative while taking narcotic pain medication.
  - Stool softener/laxative (Senna, docusate, milk of magnesia)
    - These medications can be purchased over the counter.

### **Discharge Instructions (continued)**

- If you do not have a bowel movement within 2-3 days you should consider an enema or suppository.
- Be sure to drink plenty of water and eat foods high in fiber.

### **MEDICATIONS: (continued)**

- Anti-nausea/anti-emetic (Zofran, Phenergan, Reglan)
  - This may or may not have been given to you at the hospital and can be taken on an as needed basis while taking narcotics.
- Anti-inflammatories (Celebrex, Mobic, diclofenac, Advil/ibuprofen, Aleve/naproxen)
  - Taking an anti-inflammatory on a daily basis will reduce pain and limit the amount of narcotics needed.
- Acetaminophen (Tylenol)
  - Should also be taken on a regular basis to reduce pain and limit the amount of narcotics needed.
  - You should NOT take more than 4,000 mg in a 24 hour period.
- Gabapentin
  - This medication helps with nerve-related pain and can be stopped as desired.

### **THINGS TO WATCH OUT FOR:**

Please call our office at 303-837-0072 if you experience:

- Fevers (temperature above 101°F), sweats, or chills.
- Worsening pain, increasing drainage, redness, swelling, or if you have any other questions or concerns.
- Signs of a blood clot include swelling, pain, and redness of the leg (especially the calf area)
- **Call 911 if you experience chest pain or shortness of breath.**