

# General Perioperative Instructions

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## Multi-modal Pain Control/ Post-op Medications

- **General Considerations:**
  - Medications should be filled at last clinic visit prior to surgery.
  - Do NOT start post-op medications before surgery unless instructed.
  - If you did not receive medications at time of surgery, be certain to let Dr. Anderson (or nurse) know prior to leaving the hospital or surgery center.
  - All refill requests must come to our attention before end of business on Thursday to ensure that we can fill them before the weekend
  - Refill requests will NOT be addressed on the weekend.
- **Narcotic Medications for Pain Control:**
  - Examples: oxycodone, hydrocodone, hydromorphone
  - Use sparingly and always try non-narcotic pain medications first.
  - Narcotic pain medications will be filled up to 6 weeks post-operatively, if necessary, and not beyond this date
  - Refills will not be addressed on weekends, per OOA guidelines.
- **NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) for Pain/Inflammation Control:**
  - Examples: Meloxicam (Mobic), Celecoxib (Celebrex), Diclofenac (Voltaren), Naproxen (Aleve), Ibuprofen (Motrin or Advil)
  - If prescribed by Dr. Anderson, please use as directed to help with baseline pain control.
  - If not prescribed, supplement pain control with over-the-counter medications.
  - Do not use NSAIDs if you have been told by your physician to not use this class of drugs.
  - Take with food as this medication can cause upset stomach.
  - Supplement with antacid medication (i.e. Tums, Pepcid/Zantac, Prilosec) if necessary
  - If stomach pain/indigestion persists, stop taking this medication.
  - If you discover abnormal bleeding, immediately discontinue this medication, and visit your nearest ER for evaluation.

- **Acetaminophen (i.e. Tylenol) for Pain/Fever Control:**
  - If prescribed by Dr. Anderson, please use as directed to help with baseline pain control.
  - If not prescribed, supplement pain control with over the counter (OTC) medications.
  - Maximum daily dose of acetaminophen is not to exceed 3,000mg in 24-hour period.
  - If you have been prescribed Vicodin (hydrocodone/acetaminophen) or Percocet (oxycodone/acetaminophen), be careful not to exceed this limit of acetaminophen.
- **Stool Softeners for Constipation:**
  - Example: Sennosides (Senna), Colace (Docusate Sodium), Miralax (Polyethylene Glycol)
  - If prescribed by Dr. Anderson, please use regularly to help with bowel movements.
  - If you have loose stools, HOLD this medication.
  - Once you become regular after surgery, you can discontinue this medication.
  - If you have not had a bowel movement for more than two days, supplement with over-the-counter laxatives (i.e. Miralax, Dulcolax suppository).
  - If you cannot have a bowel movement, and you are having pain, visit your nearest ER.
- **Anti-Emetics for Nausea/Vomiting:**
  - Examples: Ondansetron (Zofran), Promethazine (Phenergan)
  - Take only as needed for nausea/vomiting after surgery or with narcotic pain medication.
  - Phenergan may cause additional sleepiness/dizziness in combination with narcotic pain medication.
- **DVT Prophylaxis to Prevent Blood Clot Formation:**
  - Examples: Aspirin, Enoxaparin (Lovenox), Rivaroxaban (Xarelto), Apixaban (Eliquis),
  - If prescribed by Dr. Anderson, you must take as directed until the medication is finished.
  - You have been identified as having an elevated risk of blood clotting following surgery.
  - This is typically due to the type of surgery you are having, or the injury you sustained.
  - It is very important to take your medication as instructed to prevent blood clots.
  - It is also important to mobilize out of bed or chair as much as possible to prevent blood clot formation.

## General Anesthesia

- Medication provided to put you to sleep for surgery.
- Effects may last up to 24 hours. DO NOT DRIVE.
- You will need a chaperone on the day of surgery to drive you home.
- It is required that you stay with someone during the 24 hours following surgery.
- Nausea and vomiting are common after these medications, Dr. Anderson may prescribe you medication to help with these symptoms if needed.
- If you have previously experienced nausea/vomiting with anesthesia, tell your anesthesia provider on the day of surgery so they can provide you medication to minimize this.

## Regional Anesthesia (Nerve Blocks)

- Nerve blocks may be provided by the anesthesia provider to assist with pain control (both during surgery and after surgery)
- It is recommended that you start taking your narcotic pain medication once you arrive home from surgery to avoid “rebound pain” once the nerve block wears off.

- Your fingers/toes may experience numbness or tingling due to the medication effects.
- Your fingers/toes may be difficult to move due to the medication.
- If any of these effects last longer than 24 hours, please contact Dr. Anderson's office.
- You may have trouble breathing following a nerve block (for shoulder surgery), if so, you should visit your nearest ER for evaluation.

## Weight Bearing Precautions, Range of Motion Precautions, Equipment

- Dr. Anderson will specify your weight bearing and motion precautions before surgery.
- If any changes occur, your surgical chaperone will be notified of the updated recommendation.
- Weight bearing precautions:
  - WBAT (weight bearing as tolerated): allow up to full weight as pain allows.
  - NWB (non-weight bearing): NO WEIGHT AT ALL through the extremity.
  - CCWB (coffee cup weight bearing): up to the weight of a filled coffee cup (1-2lbs).
  - TTWB (toe touch weight bearing): allow the leg to rest on the ground without any body weight transferred through it.
- Range of motion precautions:
  - Dr. Anderson will specify before surgery and confirm with your chaperone afterwards.
  - Consult your physical therapist for further details during rehabilitation.
  - Total hip replacements: posterior hip precautions for 6 weeks after surgery (consult PT)
- Crutches/Cane/Walker:
  - Necessary to help you mobilize safely after lower extremity surgery.
  - Provided to you before surgery or recommended by physical therapy after surgery.
  - Should be fitted to your appropriate height.
  - Physical therapy can instruct you on appropriate usage.
- Hinged Knee Brace:
  - Provided only to certain patients.
  - The brace is set locked in full knee extension while you are walking.
  - Brace is set in the unlocked position to the maximum amount of knee flexion allowed.
  - Physical therapy can help with brace positioning and comfort with use.

## Activity

- Always adhere to your weightbearing and range of motion precautions.
- Rest for the first 24 hours after your surgery.
- Do not perform any strenuous activity. Do not lay in bed all day.
- Moving around the house to switch seating positions is encouraged.
- Light walks are encouraged. Do not overexert yourself.
- If you have increased pain due to activity, take it easy and rest.

## Wound Care/Surgical Dressings/Showering

- If you have a cast or splint on, please see the separate section related to this.
- Dressings should stay in place until recommended by Dr. Anderson for removal.
- If you have been told that your dressing is water *resistant*:
  - Do not soak/submerge your dressing underwater.

- Only allow water to flow over the top of the dressing.
- Avoid soaking the dressing completely.
- Leave the dressing in place until follow-up.
- If your dressing is not water resistant (or you are not sure):
  - Your dressing must be covered when you take a shower.
  - You must wrap your extremity with heavy duty garbage bags and duct tape to prevent the dressing from getting wet while showering/bathing.
  - If you cannot reasonably follow these guidelines, then you should sponge bath or use wipes to clean yourself until it is okay to remove your dressing.
  - OK to remove your dressing in 4 days and begin showering.
- Light spotting of blood or pink (red-tinged) fluid is normal after surgery.
- If spotting progressively worsens, or bright red blood is completely saturating your dressing, notify Dr. Anderson's team immediately. Go to the ER if you cannot reach us.
- Once it is safe to remove your dressing, you can begin showering with the incision exposed.
- If you have paper strips (Steri Strips) over your incision:
  - Do NOT remove – allow them to fall off naturally.
  - Resist the urge to peel them off, this can cause skin damage.
- Allow soapy water to run over the incision, do not scrub the incision.
- After showers, lightly dab or blot the incision to keep it clean and dry.
- NO BATHS or submerging the incision for 6 weeks after surgery (or until cleared by Dr. Anderson)
- DO NOT apply ointments, gels, creams, or lubricants to the incision until cleared by Dr. Anderson.
- If you notice worsening redness, swelling, or drainage from your incision, please call our clinic. If you cannot get in touch with us, go to the nearest ER or urgent care.

## Icing/Elevation

- Swelling at the surgery site can cause pain, discomfort, and compression of nerves.
- Swelling is most pronounced in the first 72 hours following surgery.
- Icing and elevation of your extremity can help decrease swelling at the surgical site.
- Pillows can be placed under your calf or arm to elevate the extremity above the heart.
  - DO NOT place pillows behind the knee, this can lead to contractures (knee stiffness).
  - DO NOT place pillows under your heel, this can lead to pressure sores.
- If you had shoulder surgery:
  - Do not elevate your extremity if you've been instructed to remain in a sling.
  - Instead, sleep/lay in an elevated/upright position to keep the shoulder above the heart.
- Ice/Cold therapy is extremely effective in decreasing swelling associated with surgery.
- Apply ice in 20-minute increments, every 1-2 hours following surgery in the first 3 days.
- Ice packs are extremely effective when placed in the groin or armpit of the operated extremity as blood flow will cool the surgical area indirectly.
- DO NOT place ice packs directly on your dressing or skin and always cover with a towel.
  - Ice can cause skin burns (frost bite) when in direct contact for extended periods of time.
  - Condensation from ice packs can cause your dressing to become saturated and increase the risk for infection.

## Cast/Splint Care

- If a cast or splint has been placed, DO NOT REMOVE until follow-up with Dr. Anderson.
- You are encouraged to wiggle your fingers or toes within the cast/splint.
- NO BEARING ANY WEIGHT or PUSHING/PULLING/LIFTING with cast/splint.
- Keep your cast/splint CLEAN and DRY at all times.
- You must wrap your cast/splint with heavy duty garbage bags and duct tape to prevent saturation with water while showering/bathing.
- If your cast/splint becomes saturated with water, you must return to office to have it changed.
- Do NOT wait until next follow-up if your cast is saturated with water, this can damage your skin or lead to infection.
- Do NOT stick anything down the cast/splint to relieve itching, this can damage your skin.
- Do NOT place ice packs directly on a cast/splint, this can cause them to become wet.
- Place ice packs in the groin/armpit to help with swelling and pain control.
- If your cast/splint becomes tight or painful:
  - Take your pain medication as instructed.
  - First, try elevating your extremity above the level of your heart to decrease swelling.
  - Second, try ice packs in the groin or armpit to help decrease swelling and pain.
  - Third, try NSAIDs (see above instructions) to help alleviate swelling.
  - If the pain is not getting any *worse*, allow for more time to let the swelling go down.
  - If the pain continues to worsen or persist for greater than 12 hours despite attempting the above, call our clinic or go to the ER to be evaluated.
- Warning signs & symptoms in a cast:
  - Worsening numbness/tingling in the fingers or toes that was not present before or immediately after surgery and that does not improve with elevation.
  - Weakness developing in the finger or toes (i.e., no longer able to wiggle).
  - Worsening redness and swelling of toes/finger.

## Driving

- Driving is ILLEGAL while under the influence of narcotic pain medication.
- Driving is not recommended for patients with casts, splints, or slings in place (no matter the side)
- Driving is not recommended after ankle/knee/hip surgery (no matter the side) as surgery will impact your ability to brake safely.

## Home Medications

- Unless instructed otherwise, resume home medications on your normal schedule.
- If you missed a dose on the day of surgery, simply resume your normal dose the following day.
- You may have been instructed to take your blood thinner differently following surgery, please adhere to Dr. Anderson's instructions.
- If you have Rheumatoid arthritis, you may have been instructed to hold your medications for this disease. Please adhere to Dr. Anderson's specific instructions.

## Common Concerns

- Fever
  - It is not uncommon to develop a low-grade fever after surgery.
  - This typically happens because your lungs are not fully expanded after surgery.
  - It is important to take deep breaths and mobilize (walk, move to a chair) after surgery.
  - If you develop a true fever ( $>101.5^{\circ}$  F or  $>38.3^{\circ}$  C), report to your nearest ER for evaluation.
- Nausea/Vomiting
  - Anesthesia medications commonly produce undesirable effects.
  - If you have been prescribed Zofran, take this medication regularly to minimize effects.
  - It may be helpful to consume only clear liquids (water, Sprite, Gatorade, chicken broth) on the day following surgery.
  - If you can tolerate solid foods, stick to crackers and dry toast.
  - Advance your diet as tolerated.
  - If this becomes severe, or you demonstrate signs of dehydration (lack of urination), call Dr. Anderson, or visit the nearest ER after hours.
- Shortness of breath, Chest pain, or Difficulty breathing
  - Go to the ER or call 911

## Follow-up Appointment

- Elective surgery patients will schedule post-op appointments prior to surgery.
- If you have not received confirmation of your appointment, please contact the clinic where you scheduled surgery to confirm your appointment.
- If you had surgery in the hospital because of an injury/fracture/broken bone, you will be called upon discharge from the hospital to make a follow-up appointment.

## Questions/Concerns

- Please call the office where you were evaluated at prior to surgery. This will ensure efficient care.
- If you were not evaluated in the office before surgery, please contact the OOA Westside Clinic.
- Please sign up for Athena Health Patient Portal via the OOA website to contact us directly!
- Olympia Orthopaedic Associates (OOA) Westside Clinic: (360) 570-3460
- Mason General Hospital & Orthopaedic Clinic: (360) 426-2653
- Rapid Orthopaedic Care (ROC) Urgent Care Clinic: (360) 754-7622
  - No appointment needed
  - Open 10:00am to 5:30pm daily
  - Located at the OOA Westside Clinic
- For emergent concerns and you cannot get in touch with us, call 911 or go to the nearest ER.