

Perioperative Instructions

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Multi-modal Pain Control/ Post-op Medications

- **General Considerations:**
 - Do NOT start post-op medications before surgery unless instructed.
 - All refill requests must come to our attention before the 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/Opioid 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, according to 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, use regularly as directed to help with baseline pain control.
 - Do not use if you have been told by your physician to not use this class of drugs.
 - Take with food as this medication can cause an upset stomach.
 - Supplement with antacid medication (i.e. Tums, Pepcid/Zantac, Prilosec), if needed.
 - 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:**
 - Use regularly as directed to help with baseline pain control.
 - If not prescribed, supplement pain control with over the counter (OTC) medications.
 - Maximum daily dose should not exceed 3,000 mg in a 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), Miralax (Polyethylene Glycol)
 - 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.
- **Anti-Emetics for Nausea/Vomiting:**
 - Examples: Ondansetron (Zofran)
 - Take as needed for nausea/vomiting after surgery or with narcotic pain medication.
- **Blood Thinners to Prevent Blood Clot Formation:**
 - Examples: Aspirin, Enoxaparin (Lovenox), Apixaban (Eliquis)
 - You have been identified as having an elevated risk of blood clots following surgery.
 - If prescribed, you must take as directed until the medication is completely finished.
 - 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.

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
- 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
- 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 & Motion Precautions, Equipment

- Dr. Anderson will specify your weight bearing and motion precautions before surgery.
- 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 the extremity.
- Range of motion precautions:
 - Dr. Anderson will specify before surgery and confirm post-operatively.
 - Consult your physical therapist for further details during rehabilitation.
- Crutches/Cane/Walker:
 - Provided to you before surgery or recommended by physical therapy after surgery.
 - Physical therapy can instruct you on appropriate usage.
- Hinged Knee Brace / Shoulder Sling:
 - Provided only to certain patients. Specific instructions will be provided as they relate to your surgical procedure. PT can help with positioning and comfort with use.

Activity

- Always adhere to your weightbearing and range of motion precautions.
- Rest for the first 24-72 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.*
- If you have been told that your dressing is water *resistant*:
 - Do not soak/submerge your dressing underwater.
 - Allow water to flow over the top of the dressing.
 - 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 bandaged extremity with heavy duty garbage bags and duct tape to prevent the dressings from getting wet while showering/bathing.
 - If you cannot reasonably follow these guidelines safely, then you should sponge bath or use wipes to clean yourself until it is okay to remove your dressing.
- Light spotting of blood or pink (red-tinged) fluid is normal after surgery.
- If spotting progressively worsens, or your dressing is completely saturated, 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.
- Allow soapy water to run over the incision, do not scrub the incision.
- After showers, gently dab or blot the incision to keep it clean and dry.

- No submerging the incision for 6 weeks after surgery (until cleared by MD)
- DO NOT apply gels, oils, ointments, or creams to the incision for 6 weeks after surgery.
- 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 and discomfort.
- 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 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, rest 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 when in direct contact for extended periods of time.
 - Condensation from ice can cause your bandage to become saturated with water.

Driving

- Driving is ILLEGAL while under the influence of narcotic pain medication.
- Driving is NOT recommended for patients with casts/splints, braces, or slings in place
- Driving is NOT recommended after lower extremity surgery (no matter the side), as this will impact your ability to brake safely.
- Dr. Anderson can help you determine when it is safe to return to driving.

Home Medications

- Unless instructed otherwise, resume home medications on your normal schedule.
- If you missed a dose because of surgery, resume your normal dosing the following day.
- Patients on blood thinners: please adhere to Dr. Anderson's specific instructions.
- Rheumatoid patients: 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 move around after surgery.
- If you develop a true fever ($>101.5^{\circ}\text{F}$), report to your nearest ER for evaluation.
- Nausea/Vomiting
 - Anesthesia medications commonly produce undesirable effects.
 - It may be helpful to consume only clear liquids on the day following surgery.
 - If you can tolerate solid foods, stick to crackers and dry toast.
 - Advance your diet as your stomach can tolerate.
 - If this becomes severe, or you demonstrate signs of dehydration, call Dr. Anderson, or visit the nearest ER after hours.
- Constipation
 - If you have not had a bowel movement for more than two days, supplement Senna with additional over-the-counter laxatives (i.e. Miralax, Dulcolax suppository).
 - If you cannot have a bowel movement, and you are having pain, go to the ER.
- Shortness of breath, Chest pain, or Difficulty breathing
 - Go to the ER or call 911

Follow-up Appointment

- Elective surgery patients will schedule follow-up 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 you were evaluated at prior to surgery. This will ensure efficient care.
- If you have not yet been seen in the office, 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 Ext 7028
- 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.
- For urgent after-hours concerns, contact: (360) 786-8990, option “0”