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Post-Op Instructions & Checklist

Patient's Name: _____ Surgery date: _____

Your physician may discharge you with additional instructions. Please read your discharge papers.

1. After your procedure, you must be driven home & accompanied by an adult who is able to assist you. The **anesthesia** used during your surgery can make you feel a little off for a day or two. During that time, you should not drink alcohol, make any important decisions or engage in any potentially hazardous activities.
2. It is very common to be slightly **nauseated** after surgery and anesthesia. You should start with a light mild diet until your appetite comes back. It is also very important at this time to **stay hydrated** by drinking plenty of water and other clear fluids. Taking pain medicine on an empty stomach can also contribute to stomach upset so make sure you eat something with your medication. Please see the Nutritional Guidelines (pink sheet) for further information. If you have severe nausea with **vomiting**, please call our office.
3. Post-operative **constipation** can result due to a combination of inactivity, anesthesia and pain medication. To help prevent post-op constipation, you should increase your water & fiber intake the weeks before & after surgery. Physical activity stimulates the bowel and helps your body get back to normal so try to remain as active as possible while still protecting the surgical area. If you do experience constipation, you may try taking Metamucil powder or Senokot (stool softeners) as directed. If these do not work, please contact your primary care physician.
4. You will need to **bathe** with a washcloth for the first 2 days after surgery while the dressings are in place.
 - For most procedures, including arthroscopy and shoulder surgery, you may remove your dressings after 2 days and take a shower. You should **NOT** submerge the incision in a bath, pool or hot tub until the sutures are out & the wound is healed.
 - If you have had an **open procedure** (like an ACL) on your knee, you should wait until after your first Physical Therapy visit before you can shower safely. Your first visit should be 3-5 days after surgery. They will remove your dressings and instruct you on how to shower safely. The main concern here is stability—if you do not have safety bar/railing in your shower, you may want to use a chair for support.
5. If you have had a fracture repair or surgery that requires a hard post-operative splint, this **MUST NOT BE REMOVED** until your post-op visit and **MUST BE KEPT DRY** during bathing. There are “cast covers” for bathing that can be purchased at local drug stores like Rite-Aid.
6. If you have been given a **brace or sling** to use, please use it full-time until your post-op visit where we will instruct you on further use. You may open the brace for icing your knee and remove the sling for bathing. Crutches are used for complex knee/ankle surgeries but they are often not necessary for arthroscopic surgery. We will discharge you with specific instructions.
7. It is fairly common to have a **low-grade fever** for a day or two after surgery. You may take Tylenol as directed for the fever. If your fever lasts more than a few days or is greater than 101.5 please call us.

8. Look out for **signs of infection**:

- Excessive drainage that is soaking through your dressings, especially if it is cloudy and pus-like
- Redness that is spreading out from the edges of your incision
- Constant elevated fever or increased warmth in the surgical area
- Please call us if you suspect an infection.

9. Although **blood clots** are fairly uncommon, you should be aware how to prevent them and what to look for. A blood clot can develop after a trauma like surgery and also after prolonged inactivity. The best way to **prevent** clots is to keep the muscles moving. Remain as active as possible—even if you are not up and walking most of the day, you should still keep your ankle moving by doing “pumps” up & down and toe crunches & spreads. **Signs** of a blood clot include significant deep calf pain, excessive swelling in the foot/ankle, chest pain & shortness of breath. Please call us if you suspect a blood clot.
10. One of the best ways to control your post-operative pain is by using **ICE & ELEVATION**. We will often recommend a special ice machine to use for a week or two after surgery that combines ice with compression. There is a brochure about the ice machine in your surgery folder. If you’re interested, you may contact the representative directly to purchase one. If you do not use one of these machines, you should still ice on your own at home. An ice pack that molds to your skin is most effective. Gel ice packs work fine or you can use 2 bags of frozen peas/corn and place them on either side of the surgical area for 20-30 minutes every 1-2 hours. This works best if they are placed directly to the skin—if you can’t tolerate the cold, a very thin cover like a pillowcase may be used. Remember to put your compression ace wrap back on after you are finished icing. Elevation is most effective when the affected body part is raised above the level of the heart.
11. You may have been provided some basic exercises and stretches that will help you work on your range of motion and strength. If physical therapy has been recommended, your 1st visit should be 3-5 days after surgery. The therapist will give you additional things to work on at home that will help with your recovery.
12. Many patients ask about driving during their recovery and this can be a “grey” area. **You cannot drive if you are taking narcotic pain medication!!** Other limitations may depend upon which knee, ankle or shoulder has been operated on, if you are wearing a brace or a sling, how much motion you have etc. You may feel like you are fine to drive but please be aware that if something were to happen while driving (even if it’s not your fault) they could use your injury against you and say that you were incapacitated.

13. **PAIN MEDICATIONS:**

- A long acting local anesthetic was injected into the area at the end of your surgery. This will provide you with pretty good pain control for 4-24 hours. As this local begins to wear off you will notice a gradual increase of pain which will then be controlled with medication and ice.
- If you have had an open procedure you may have been prescribed a **long acting narcotic** pain medication (Oxycontin) that is to be taken twice a day (every 12hrs). Please start this medication the night of surgery even if you are feeling pretty good. It will help you sleep through the night and will keep the pain medication in your system so when the local injection wears off you won’t have to play “catch up”.
- You may have been prescribed a **short acting narcotic** pain medication (Oxycodone or Norco) which is to be taken to relieve pain, not prevent it. (If you are also taking the long acting medication, you may not even need to take this short acting medication.)
- Take it when you feel the pain coming on. Do not wait until the pain is so severe to take the medication as it will then be hard to get under control. The interval for taking pain medication as noted on the bottle is a minimum interval—do not take it more frequently than prescribed.
- You may also take an over the counter anti-inflammatory medication in addition to your pain medicine. This will help with the pain & swelling—an average sized adult can take 800mg ibuprofen (Advil/Motrin) every 8 hours or 2 naproxen sodium (Aleve) every 12 hrs. If you have trouble with ulcers, acid reflux, stomach irritation or kidney problems, do not take these medications.

CALL OUR OFFICE IF YOU HAVE ANY PROBLEMS. IF IT’S AFTER HOURS AND THE OFFICE IS CLOSED, THE DOCTOR ON-CALL WILL BE PAGED.