



SPECIALISTS IN THE  
MEDICINE OF *motion*



## Dr. Bret Peterson, MD

Hand & Upper Extremity Surgeon

Please take a moment to look over the following instructions regarding your surgery. We know that surgery can be a very stressful experience for you and your family and that you may be nervous. This is normal, and we will make every effort possible to make your experience as the best it can be! We are dedicated to achieving the best possible outcome for you. This takes a team effort often between you, us, and many other healthcare professionals. The following packet will hopefully be informative and decrease your stress prior to surgery!

There are many other great resources about your condition, hand surgery in general, and other questions about problems of the hand, wrist, and elbow. We encourage you to visit learn more about Dr. Peterson, your condition and access links to helpful websites and videos at [www.OrthoHealth.com/Bret-c-Peterson-MD](http://www.OrthoHealth.com/Bret-c-Peterson-MD).

We strive for nothing less than excellence in our quest to help you be the best version of you and we look forward to seeing you on the day of surgery!



## PREPARATION FOR SURGERY

### Before Surgery:

- If requested by Dr. Peterson, arrange to have preoperative testing done at least two weeks before surgery at your medical doctor's office such as if you have cardiac conditions and need clearance from your cardiologist. Some blood testing and labs can be performed at our lab at OCR if needed. Please be certain that if you perform testing at an outside facility that the results are faxed to Dr. Peterson at 970-493-1794 promptly or your surgery may have to be postponed. Have your doctor fax or send results of your operative clearance to Dr. Peterson's office.
- Compile a list of all medications you are currently taking and bring the list for Dr. Peterson and the anesthesiologist.
- If you take any aspirin or anti-inflammatory products (i.e. Advil, Motrin or Aleve), you will likely be asked to discontinue these one to two weeks prior to surgery for larger, more invasive operations. For the majority of surgeries you do not need to discontinue your aspirin or anti-inflammatory medication. Ask Dr. Peterson or his staff if you have any questions. Tylenol is acceptable in place of these NSAIDs if you do need to stop. If you have been placed on a blood thinner for a cardiac stent, history of blood clot, stroke, or other blood clotting

problem, ask Dr. Peterson and/or your doctor prior to discontinuing those medications. Typically you will stay on them for most surgeries. More invasive, prolonged surgery may require a temporary halt for your medication or sometimes a blood thinning bridge medication.

- If your surgery is outpatient, arrange for someone to drive you home the day of surgery unless it is wide awake surgery (WALANT) and you have discussed with Dr. Peterson the possibility of driving yourself home.
- Someone will contact you the day before surgery in the afternoon to confirm your surgical time. If you do not hear from them by 4 p.m. please contact our office.

### Day of Surgery:

- **Remember:** No breakfast or drinks in the morning unless it is a wide-awake procedure (WALANT) that you discussed with Dr. Peterson!
- Take all prescription medicines the morning of surgery with only a sip of water, unless otherwise instructed.
- Bring your list of medications and questions.
- Your driver should accompany you and should be available by telephone.



# OCR

ORTHOPAEDIC & SPINE  
CENTER OF THE ROCKIES

## PREPARATION FOR SURGERY

### **After Surgery:**

- Following surgery, you may be in the recovery room for up to 1 hour before transfer to the holding area. Your family will be notified by nursing personnel when you can be seen.
- Dr. Peterson prefers to see his patients and/or family personally prior to discharge. Please understand that he may be in the operating room with another patient, so we appreciate your patience.
- You may be given printed postoperative instructions and rehab protocols. Please follow these and if you have any questions contact the office.

### **Medical Forms (FMLA/Disability/Work Forms/Leave of Absence)**

- Please do not bring these day of surgery. They will not be completed then. Please make arrangements with Dr. Peterson's staff to have these completed, allowing for at least one week lead time prior to when you need them.



## UPPER EXTREMITY SURGERY POST-OP INSTRUCTIONS

### Diet

- Begin with clear fluids and light foods (Jell-O, soup, etc.) the day of surgery
- Progress to your normal diet if you are not nauseated

### Wound Care

- Maintain your operative dressing per your specific postoperative instructions given at discharge.
- Soft dressings (trigger release, carpal tunnel release, de Quervain's, ganglions)
  - Remove dressing 48-72 hours post operatively unless otherwise directed. You may gently wash the incision with soap and water in a sink or shower and cover with a light dressing or bandaid. Do not soak in a hot tub, bath, or pool.
- Splints / Casts
  - Keep in place until your first post-operative appointment or therapy visit unless otherwise directed. Cover with a waterproof dressing for showers. Do not remove until postoperative or therapy visit.
- It is normal for the surgical site to bleed lightly and to swell following surgery. If there is light bloody drainage seen on the dressing, you may reinforce the bandage with additional dressings. If you continue to see excessive bleeding or drainage, contact Dr. Peterson's office.
- If there is minimal drainage from the incision sites replace the dressing with band-aids daily- if you are using more than 2 band-aids a day replace with gauze and tape or light compressive dressing.
- Wash your hands before changing your dressing and do not place ointments on the incisions unless instructed by Dr. Peterson.
- Once incision is completely healed (usually between 2-3 weeks) you can begin massaging the scar with a Vitamin E-based lotion or product to help soften and mobilize the scar. There are a variety of over-the-counter silicone-based products that may also help with scar appearance and function.





# OCR

ORTHOPAEDIC & SPINE  
CENTER OF THE ROCKIES

## UPPER EXTREMITY SURGERY POST-OP INSTRUCTIONS

### Medications

- Begin taking your pain medications the night of surgery- take as directed on the bottle and take with food (You will likely only need these for a few days.) Begin with the lowest dose needed to help with the pain and adjust as needed. Wean from the pain medications as soon as possible. It is possible you will not need any opiate/ narcotic pain medication at all if using Tylenol and anti-inflammatories (Ibuprofen/Aleve).
- Ibuprofen (600mg every 6 hours) OR Naproxen (500 mg every 12 hours) may be used with the prescribed pain medication to help ease pain and reduce the overall amount of pain medication required. Sometimes Dr. Peterson will prescribe Meloxicam instead. Ibuprofen, Naproxen or Meloxicam can be taken with Tylenol simultaneously. Do not take acetaminophen/ Tylenol if you are taking Norco (hydrocodone/ acetaminophen) or Percocet (oxycodone/ acetaminophen). In general, if you do not have a contraindication (doctor's instructions, GI upset/ulcer, clotting disorder) you should utilize an NSAID around the clock for the first few days as directed above and as your main pain medication.
- A medication may be prescribed to take if you feel nausea or develop vomiting.
- Common side effects of pain medications are nausea, drowsiness and constipation – to decrease these side effects take with food and drink plenty of fluids. Do not drive or operate heavy machinery.
- Stool softeners or laxatives may be needed because pain medications can cause constipation.
- Do not take any medications that are contraindicated secondary to allergies or other medical conditions.
- If you develop an allergic reaction such as a rash or itchiness notify the office, or for more severe reaction such as rapid worsening of shortness of breath, or feelings that your mouth or throat are swelling shut, call 911.

### Ice Therapy

- You can begin immediately after surgery.
- Use ice packs with a skin barrier for 20 minutes at a time.



# UPPER EXTREMITY SURGERY POST-OP INSTRUCTIONS

## Activity

- Elevate the operative extremity above chest level whenever possible to decrease swelling, for at least the first 48 hours.
- Do not bear weight on the operative extremity unless you are instructed to do so.
- Mobilize your non-operative joints as much as possible to prevent stiffness and to decrease swelling.
- Do not engage in activities that increase your pain more than mildly.
- Avoid long periods of sitting. Get up at least once every hour to walk around if possible except at night.
- You may return to sedentary work or to school 2-3 days after surgery, if pain is tolerable, and you have stopped narcotic pain medication.

## Brace

- You may be provided with a prescription for occupational therapy where a custom-made orthosis will be made prior to your first post-operative visit. If this is the case you must wear the brace at all times with the exception of hygiene purposes or your therapy exercises until otherwise instructed.

## Exercises

- You may be given a prescription for occupational therapy which may begin prior to your first postoperative visit.
- You may also be instructed to perform the hand exercises at the end of this packet. Begin 48 hours after your surgery or once a regional nerve block has worn off. Complete these exercises hourly or at least 3-4 times a day to decrease swelling and stiffness and improve range of motion.

## Emergencies

If any of the following concerns are present:

- Severe, unrelenting pain
- Fever or chills (fever over 101°- it is not uncommon to have low grade fever for the first 2 days)
- Increasing redness around incisions
- Calf swelling and pain
- Continuous drainage or bleeding from incision
- Difficulty breathing or shortness of breath
- Chest pain
- Excessive nausea or vomiting

**Contact Dr. Peterson's office at 970-419-7230, or if perceived as life-threatening, call 911.**



# UPPER EXTREMITY SURGERY CONSENT

## Possible Complications

We have listed possible complications/problems, which have been reported with upper extremity surgery. IN GENERAL, UPPER EXTREMITY SURGERY IS EXTREMELY SAFE, HIGHLY SUCCESSFUL, AND HAS MINIMAL COMPLICATIONS ASSOCIATED WITH THE PROCEDURE. Certain risks may be increased or decreased depending upon the type of surgery and the extent of the injury that you have.

1. **Postoperative bleeding and hematoma** within the upper extremity joints and around incisions. Patients that are on blood thinners are at higher risk. Post-op bleeding normally resolves shortly after surgery and hematomas normally will resorb over time as well. Rarely a second surgery will be needed to stop bleeding or to remove a hematoma.
2. **Postoperative infection.** Superficial (skin) or deep (within the joint) may occur. The incidence is reported at <1%, (1/250). A skin infection generally is treated with oral antibiotics. If you develop a deep infection, you would require re-admission to the hospital, re-arthroscopy or an open procedure to wash out the infection, and a variable period of intravenous antibiotics. Diabetics and smokers are at higher risk for wound and healing complications.
3. **Phlebitis (blood clots).** Deep vein thrombosis or blood clots are unusual in upper extremity surgery, but can occur. A blood clot may require re-admission to the hospital and treatment with blood thinners.
4. **Pulmonary Embolus.** When a blood clot becomes dislodged it may travel to the lungs resulting in acute shortness of breath, rapid heartbeat, and in rare situations result in sudden death.
5. **Broken instruments or hardware.** The instruments that are used to perform your surgery may potentially break within your joint. This is a rare complication. If this occurred, the piece almost always could be uneventfully removed. Occasionally broken pieces may be stuck safely in bone and are not removed.
6. **Nerve injury.** We take great care intraoperatively to identify, visualize, and protect the nerves surrounding your operative region. Rarely with traction or retraction of the nerves, the nerve can become stretched or irritated. This may lead to nerve palsies or the sensation of numbness or burning. These complications are rare and almost always resolve over time.



# OCR

ORTHOPAEDIC & SPINE  
CENTER OF THE ROCKIES

## UPPER EXTREMITY SURGERY CONSENT

7. **Vessel injury.** Rarely the major arteries/veins in the upper extremity are injured. If this occurs it is generally quickly detected and repaired.
8. **Complex Regional Pain Syndrome.** This rare entity is characterized by pain out of proportion, atypical swelling and nerve function disturbance. If this occurred postoperatively it may require referral to therapy, perhaps a pain clinic, prolonged rehabilitation, and possibly regional pain blocks.
9. **Compartment syndrome.** This rare complication occurs when fluid expands into the muscle compartments. Massive swelling could result in compromise of the neurovascular structures with a potential complication resulting. If this were suspected or detected, emergency surgical decompression of the muscular compartments is required.
10. **Equipment failure.** Orthopedic surgery is “high tech” and extremely demanding. Motorized equipment (cauterizers, cameras, light sources, video recorders, etc) could possibly malfunction resulting in the inability to complete your surgery. In our operating room we have backup systems should this occur.
11. **Joint instability or dislocation.** The joints within the upper extremity are inherently stable, but some factors preoperatively may create less stability such as ligament or chondral injuries and fractures. Careful preoperative planning and precise surgery should keep the risk of dislocation of these joints extremely low.
12. **Cartilage injuries** can occur by placing and removing tools or implants into the joint. Great care is taken to avoid this but in the event it happens restoration of the cartilage is possible but arthritis can occur due to these injuries.





# OCR

ORTHOPAEDIC & SPINE  
CENTER OF THE ROCKIES

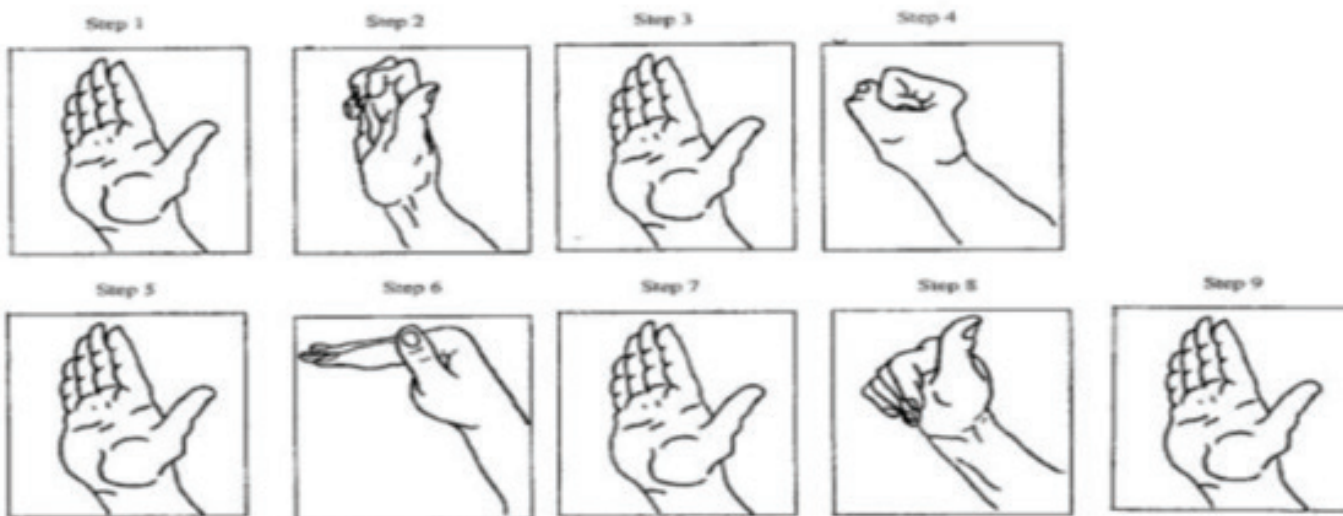
## POSTOPERATIVE HAND EXERCISES

Beginning 2-3 days after your surgery, begin the following exercises hourly or at least 3-4 times daily for 5-10 repetitions each. Pause for several seconds in each movement before moving to the next.

This is for all surgeries of the upper extremity unless Dr. Peterson instructs you otherwise or covers your fingers with a rigid splint or cast.

Sometimes these exercises will be used preoperatively or as part of nonoperative treatment instructions.

It is normal to experience some mild discomfort in the deeper parts of the movements. This is ok. Do not push the exercises to moderate or severe pain.





## COMMON OCCURRENCES

### General guidelines/precautions immediately after surgery:

- **Some patients** will note bruising around the incisional area. This is not a complication.
- **Tendonitis.** Some patients may develop new symptoms or exaggerated current symptoms during the course of their rehabilitation. Tendinitis is often the cause and is prevented with strict adherence to postoperative physical therapy protocols.
- **Persistence of arthritic symptoms.** In some patients who have pre-existing arthritis, the results of surgery are more variable. Some patients significantly benefit from surgery, while others do not. In the patient who has arthritis it is difficult to predict preoperatively to what extent the patient will benefit.
- **Incisional discomfort.** The skin incisions may feel nodular as they heal. This generally resolves over time. Some incisions may heal slower or open slightly after removing the sutures. They will still but from the bottom of the incision to the skin.
- **Swelling.** It is common and in fact expected to have swelling about your extremity after surgery. Icing the area is extremely helpful.
- **Stiffness** is very common after surgery therefore occupational therapy will be given and is extremely important for a positive result. Most people will break through the scar tissue and stiffness with therapy. A small percentage may need additional treatment like a steroid injection or repeat surgery to decrease scar tissue.
- **Discoloration** in the hand, wrist, or forearm, cool temperature to the skin and sometimes limited numbness may occur. This may be due to the use of traction or a tourniquet during surgery. The blood flow becomes slower, temporarily causing these symptoms. It normally goes away over time and resolves with therapy. These symptoms also resolve when the arm is elevated, if it does not resolve with elevation please call the office.