

Bret Peterson, MD

Hand & Upper Extremity Surgery

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 band-aid. 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.

Wound Care (continued):

- 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.

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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.

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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 post-operative 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.