

POST-OPERATIVE INSTRUCTIONS

IN CASE OF EMERGENCY, CALL 911

We hope we exceeded your expectations in the care provided to you at Polaris Surgery Center! Below is a list of reminders for after surgery.

When to Call the Surgeon's Office:

- Temperature greater than 101 degrees
- Unable to tolerate fluids with nausea and/or vomiting the day following surgery
- Excessive bleeding (bandage is saturated)
- Pain not controlled with regular use of pain medications
- Inability to urinate within 8 hours of your procedure
- Leg swelling, redness, or calf pain
- Reaction, or suspected reaction, to any prescribed medications (itch, rash, hives, etc)
- Immediately go to your closest Emergency Department, or call 911, if you have a sudden onset of chest pain or shortness of breath.

Blood Clots:

- Any time you have a procedure, there is a risk for blood clots.
- If you experience calf pain, warm to touch, redness, immediately notify the surgeon.
- Go to the nearest Emergency Department with any shortness of breath or chest pain.
- To help reduce the risk of blood clots, you may perform ankle pumps with the non-operative leg(s). This is done by pushing your toes/foot down like you are pressing on a gas pedal and then letting up. Perform the exercise 10 times at the top of every hour while you are awake to will help keep your blood circulating until you are back to a more normal routine.
- You may be asked to wear **compression stockings** on both legs or on the non-operative leg. Wear the stockings for the next few days or until weight-bearing.
- You may also be asked to wear **SCDs (Sequential Compression Devices)** that will intermittently squeeze your legs to keep your blood circulating. We encourage you to wear them until your follow-up appointment with the surgeon's office.
- You should **not** receive a bill for your SCDs.

Pain Medications:

- You may be prescribed medications for pain control, either in paper form or electronically sent to the pharmacy of your choice.
 - Do not drink alcohol, drive, operate machinery, or sign legal documents while taking pain medications.
 - Take medication with food to prevent nausea and/or vomiting.
 - Pain medications may cause **constipation**. Ways to prevent constipation include drinking plenty of fluids and eating a high fiber diet. You may take over-the-counter stool softeners, if needed.
 - Take pain medication as prescribed, do not exceed recommended dosage or frequency.
 - Please call surgeon's office if pain is uncontrolled with the pain medications or need a refill.
 - There are safe disposal options for any unused opioid medications, which include drug take-back sites/programs and pre-paid mail-back envelopes. Please visit www.fda.gov/safe-disposal-medicines for more information on the safe disposal methods.

Nausea & Vomiting:

- Post-op nausea and vomiting is a common complication from surgery. It can be normal to have nausea lasting anywhere from a few hours to days after surgery.
- To prevent nausea:
 - Stay hydrated- drink plenty of fluids.
 - Manage your pain- Do NOT skip your pain medications because you are nauseous. Research suggests pain makes you more likely to vomit.
 - Slowly return to normal foods to minimize nausea.
- If you are vomiting for more than 24 hours, please contact your surgeon.

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Diet:

- Drink plenty of fluids today.
- You may resume your regular diet.
- The recommendation is no spicy, greasy, fatty foods for your first meal.

Swelling:

- ELEVATE – Please keep the extremity above heart level while resting to prevent swelling or a feeling of tightness and throbbing. Shoulder surgery patients should not lay flat, but sleep with head/shoulders propped on pillows or rest in a recliner.
- ICE – Using ice will also help with swelling and pain control. You may use ice packs, or a bag of frozen vegetables work just as well. If you have a bulky dressing, you may place the ice bag just **above** the dressing. Please make sure to use a thin towel as a barrier between the ice bag and skin to prevent burning the skin.
 - Some patients may receive an ice machine. Please refer to your surgeon's discharge instructions on how often to ice the extremity.

Dressing/Bandage/Bleeding:

- Keep the dressing clean and dry.
- It is normal to have some blood/drainage noted on the dressing. The dressing provides compression and to absorb any drainage from the surgical incision. If the bandage becomes completely saturated due to excessive bleeding, immediately call the surgeon's office.
- Showering is permitted, but please do not get the dressing wet. You may use a cast cover or Press'n'Seal wrap to cover the dressing. If you had a nerve block, you may want to wait until nerve block wears off.
- Please notify the surgeon's office if the dressing becomes wet. You may need to be seen at the office to have it changed.

Infection:

- Infections inhibit healing and may cause additional complications.
- Signs of infection:
 - Fever greater than 101°F.
 - Redness, warm to touch around incision site.
 - Swelling
 - Pus or drainage from surgical wound. Cloudy, yellowish, green, tan or thick discharge are **not** normal.
 - Unpleasant Odor.
 - Increasing wound pain after surgery.
- If any of the symptoms arise, please call surgeon's office immediately.

Anesthesia:

- Common side effects that you may experience after anesthesia are headache, sore throat, nausea, loss of appetite, dry mouth, and sleepiness. These usually resolve within the first few days after surgery.
- The medications used during the procedure may not be eliminated by your body for at least 24 hours. You should **not**:
 - Drive a car, operate machinery, or power tools
 - Drink alcohol
 - Make any important decisions
 - Engage in sports activities
- A responsible adult over 18 years of age must remain with you for the first 24 hours after surgery for your protection and safety.

