

## Post Operative Instructions

### Scaphoid Fixation

*Michael E. Joyce, MD and Alex G. Dukas, M.D.*

---

#### **Bandages & Ace Wrap:**

Your post-operative dressing is a splint with plaster. Your incisions were closed with stitches that are dissolvable with skin glue. Sometimes I will use stitches that will dissolve and therefore will not need to be removed. Occasionally, there will be a small amount of blood in this dressing, which is nothing to worry about, however, if you see a lot of bleeding please call the OSS office.

#### **Washing & Bathing:**

Please cover your extremity with impermeable plastic bag when showering until your splint is removed by surgeon.

#### **Ice & Motion:**

One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice and gentle range of motion exercises. This is most important the first 48 hours following surgery. The ice pack should be large (like a big zip-lock bag) and held firmly around the area of your surgery.

Within hours after your surgery it is important to begin wiggling your fingers. This will prevent scar tissue from forming around your surgical site. This exercise should be done for a couple minutes every hour or so.

#### **Physical Therapy**

A small percentage of patients will need physical therapy following surgery. When you are seen at your first post-operative appointment I will decide if therapy is necessary. This is the main reason that your first follow-up is just a few days after your operation.

For those that need physical therapy, the goal is to first assess how your hand responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They will help you feel comfortable with your surgery and make sure you aren't afraid to start doing things. Your therapist will start range of motion and strength exercises on your first visit. If they find anything unexpected, they will let the doctor know right away.

### **Follow up appointment:**

We try to give all our patients a follow-up office visit at the same time we schedule your surgery. Sometimes I find things, or do things, I didn't anticipate during your surgical procedure; therefore, I may want to see you in the office sooner than originally planned.

Typically, I want to see my patients in the office 5 to 7 days after surgery to check your hand for swelling and range of motion. I will see you again about a week and a half after surgery to remove your stitches.

### **Medications:**

I will usually prescribe two medications for the control of your post-operative pain. During surgery I will often inject a numbing medicine like Novocain, (or the anesthesiologist gave you a pain block) that will give some pain relief for several hours after surgery. It is important to begin to take your pain pills before this medicine wears off.

This first medication I use is Vicodin (hydrocodone) which is a strong narcotic pain medication. It will begin to work within 15 minutes after taking it with a maximal effect in one to two hours. For some sensitive patients, when taking the first few doses of Vicodin you may experience nausea or an episode of vomiting. The best way to prevent this is to take the medicine with a little food, start with just one pill, and be patient while the medicine begins to work. Usually, after the first few doses the nausea will go away. If the nausea persists, it is possible that a similar response will occur with other narcotic pain pills; therefore we should try the Anaprox as the main medication to control your pain. If you take a full dose of this medication for more than 4 or 5 days it can lead to constipation. Normally, Vicodin is taken every 6 hours but if the pain is severe, it can be used every 4 hours.

The second medication I prescribe is Anaprox (naproxen), which is a non-narcotic painkiller in the NSAID class. The advantages of this medication is that nausea is an infrequent side effect and it can also be taken with the Vicodin for better pain control than any pain medication alone. For patients that can not take NSAIDs then I will substitute Celebrex for the Anaprox. This medication should be taken with food. Many patients end up taking the Vicodin at night and the Anaprox during the day. Whatever combination works best with you is fine with me.

### **What to watch out for:**

- Pain that is increasing every hour in spite of the pain medication.
- Drainage from the wound more than 2 days after surgery.
- Increasing redness around the surgical site
- Pain or swelling around your surgery
- Fever greater than 101°
- Unable to keep food or water down for more than one day.

### **Who To Call for Questions and Problems:**

If you are having problems or there are questions you need answered then please call our office at 860-652-8883 and our nurse will help you. We are open between 8:30 and 4:30 pm, Monday to Friday.

We realize the after surgery some problems or questions are urgent and can not wait until normal working hours. Under these circumstances please call 860-652-8883 anytime (24 hours a day, 7 days a week) and the doctor on-call, or I will return your call. If you do not receive an answer within 20 minutes there may be a problem with the beeper so please call again.

If an emergency were to occur you can always go straight to the emergency room for immediate attention.

*Wishing you - All the Best,*

*Michael Joyce, MD and Alex G. Dukas, MD*