

Orthopaedic Sports Specialists, P.C.

Michael E. Joyce, M.D.

84 Glastonbury Blvd., Suite 101, Glastonbury, Connecticut 06033

Voice: 860-652-8883, Fax: 860-652-8887

Post Operative Instructions

Helpful Hints & Important Precautions for Patients

Bandages & Sling:

Your post-operative dressing has two layers you need to understand in order to properly care for your surgery site. Your incisions were closed with stitches that are covered with small white tapes called Steri-Strips. Your Steri-Strips should be left in place until your sutures are removed 10 to 12 days after surgery. Sometimes I will use stitches that will dissolve and therefore not need to be removed.

The second layer is a large white fluffy dressing that is loosely held in place with either tape or an ace wrap. 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 Dr. Joyce. Feel free to remove this dressing 2 to 3 days after surgery and place fresh gauze unless the wound is dry.

Washing & Bathing:

You should be careful to keep the wound clean and dry for the first 48 hours after surgery. Beginning on the third day after surgery it is OK to shower directly over your Steri-Strips (they won't come off). It is also OK to use soap on your wound and over the Steri-Strips. This shower should be quick. I would prefer that you do not take a bath until one week after surgery. It is OK to go into a swimming pool a week after surgery, but no lakes or ocean until two weeks after surgery. After your bulky gauze dressing has been removed, large Band-Aids can be placed over the steri.

The yellow discoloration you will find around your surgery site is a long lasting surgical prep called DuraPrep. This is used because it will kill bacteria on your skin hours longer than old fashion iodine surgical preps. This yellow discoloration will not come off with soap and water - instead you will need rubbing alcohol to remove it. This can be done the day after surgery unless it is causing your leg to itch, then it can be removed sooner.

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 on the area of your surgery.

Physical Therapy

Some surgeries I perform will need physical therapy within days of surgery. If you are one of these patients our office will have scheduled a physical therapy for you before the day of your surgery.

The goal of physical therapy is to first assess how your body responded to the surgical procedure, therefore they will remove your dressing and look at your wound. They 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 Dr. Joyce know right away.

Follow up appointment:

We try to give all of 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 10 to 12 days after surgery if they are going to physical therapy at HealthSouth, and 2 to 3 days after surgery if they are going to any other physical therapy facility.

FOLLOW UP APPOINTMENT: _____

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 novocaine, (or the anesthesiologist gave you a total shoulder pain block) that will give some pain relief for several hours after surgery. It is important to begin taking 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, 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 Vioxx 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^o
- ∞ 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 that 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 myself will return your call. If you do not receive an answer within 20 minutes they 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*