

Orthopedic Surgery Discharge Instructions

WEIGHT BEARING

{WB postop:54486}

If limited or no weight bearing, use a walker, cane or crutches as needed

POST-OP SHOE/BOOT

N/A

***Wear postop shoe/boot at all times

***May remove post-op shoe/boot to sleep or sit

DRIVING

If you have right foot or ankle surgery, no driving until cleared by your surgeon.

If you have left foot or ankle surgery, you can drive only in a regular flat shoe.

DRESSING

***Do NOT remove bandages or splint.

***Can remove ACE bandage 6 hours after discharge. DO NOT REMOVE white dressing underneath.

SUTURES

Return to the office of your surgeon in 10-14 days for wound check and possible suture removal if the wound is ready.

BLOOD CLOT (DVT) PREVENTION

***Aspirin 81mg twice a day (BID): please take as prescribed, do not miss a dose, and complete the duration of the prescription.

Return Appointment: in 10-14 days after surgery with Dr. Bonnie Chien, call 212-305-4587 if appointment not already scheduled.

1. The medicine used for anesthesia/sedation will be acting on your body for the next 24 hours, so you may feel a little sleepy. This feeling will slowly wear off. While you are taking pain medications, you should not drive a car, operate machinery or power tools, drink any alcoholic beverages (including beer) or sign any legal documents.

2. You will need a responsible adult (18 or older) to stay with you for the next 24 hours for your safety and protection.

3. You will have pain or discomfort after this procedure, sometimes it can be very intense the first 2-3 days after surgery- that is expected for a foot or ankle surgery. Your doctor will prescribe pain medications such as narcotics for you.

-When you have surgery, you enter a patient-physician agreement with opioid medications prescription and usage. This is because these are medications with high potential for misuse, addiction and deadly side effects.

-The narcotics should be taken as directed and you may take up to one extra pill or 1-2 hours earlier than prescribed if needed for increased pain. **You should take tylenol and NSAIDS, such as motrin or alleve, and alternate with the narcotics to achieve more stable pain control.** These medications work together in different ways to decrease pain.

- Do not exceed the daily recommended dose of tylenol (max amount of tylenol in a 24 hr period is 4000 mg-consult your primary doctor before taking tylenol if you have liver problems) or NSAIDS based on instructions labeled on the container.

-You will NOT receive narcotic refills if you call after hours so if you are running low, please budget accordingly so you have enough, especially for nighttime when the pain can be more severe.

-Narcotic medication has many sided effects including, but not limited to: dizziness, lightheadedness, nausea, vomiting, drowsiness, cold sensation, sweating and constipation. Take the stool softener as prescribed.

Phone calls after hours should be reserved for emergencies only. Please avoid calling after hours about pain management as the on call doctors are busy managing patients in the hospital.

-No additional narcotic (opioid) medications will be prescribed beyond 2 weeks after surgery.

-You cannot request additional narcotic medications from another provider.

-Narcotic medications are only for use by the recipient of the prescription. It is against the law to provide to others.

4. You may be prescribed a blood thinning medication for blood clot prevention, which is a rare but serious complication related to surgery and immobilization. If you already are on a blood thinning medication prescribed by another doctor from before, you will most likely just continue that medication after surgery. Please take as prescribed and instructed.

5. After general anesthesia, start with a light diet such as liquids (soft drinks, tea, gelatin or broth), then soup and crackers and gradually increase to solid foods as tolerated. It is very important to drink liquids and stay hydrated during the next 24 hours.

6. If unable to urinate within 12 hours of your surgery, contact your primary doctor. You may need to be evaluated on an urgent basis either by your primary doctor or the emergency room.

7. A low grade fever following the first few days after surgery is common. If you do feel warm, take your temperature and take tylenol. If the temperature is 101F (38.3C) or higher AND persists after taking tylenol, call your doctor.

8. ELEVATE your foot ABOVE your heart level as much as possible for the first 5-7 days to reduce swelling and pain. You may apply ice around or above the level of the dressing or splint, but not directly on top of it. Ice for about 20 min at a time and then rest at least 1 hour in between repeat icing to avoid ice burns. Also, do not place ice packs directly on the skin or on the toes themselves (which can impair circulation). Check circulation of toes. Notify your doctor's office of changes in color or temperature. Toes should be warm and pink.

The worst swelling occurs the first week or two after surgery, but can take much longer (up to months) to fully subside.

9. Do NOT remove bandages unless specifically instructed to do so. If you feel that the splint is too tight, you can loosen the ACE bandage over the splint, but do NOT remove the underlying soft roll or splint dressing. Some blood soaking through the bandages may be expected. If fresh bleeding doesn't stop after two days, contact your doctor's office.

10. Do not get bandages wet while bathing. Cover your leg with a plastic wrap and keep it out of the tub/shower. It may help to sit on a stool or shower chair in the tub/shower with the leg out, as it is not safe to balance or stand on one leg. If your surgical dressing gets wet, you need to contact the office. It will likely be necessary to have you come in to be evaluated and have it changed to a clean, dry one. A wet, saturated dressing can lead to problems with stitches, wound healing, and infection.

If you have any further questions or concerns after you have read these instructions, call our office. **SHOULD YOU HAVE ANY MORE SERIOUS ISSUES SUCH AS SHORTNESS OF BREATH OR CHEST PAIN, PLEASE GO TO THE NEAREST EMERGENCY FACILITY TO BE EVALUATED.**

These discharge instructions have been reviewed by the patient/responsible adult and they have received a copy.

Nurse: _____ Date: @TODAYDATE@

Patient/Responsible Adult Signature _____