



FLEXOR TENDON REPAIR SURGERY

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THE DAY OF SURGERY:

Welcome! We will try to make your experience as easy as possible. Please leave valuables at home, but the surgery centers do require photo ID. Remove all rings and jewelry. Wear comfortable clothes. The surgery centers often don't know their final schedule until 1-2 days prior, so your arrival time and surgery time may change. Please confirm your arrival time with your surgery facility the day before your surgery, if you haven't heard from them (please see page 7 for the phone numbers).

We most commonly use one of four types of anesthesia, and the instructions for before surgery are different depending on which type of anesthesia you selected:

- **If Local Anesthesia** (also known as Straight Local or Novocaine Only or Wide Awake Anesthesia):
 - **With Local Anesthesia**, you will be completely awake during the surgery, without IV sedation or any other anesthesia, just like going to the dentist. We simply numb the area of your hand where we are going to be working. There will be no IV, and no breathing tube or mask. You will be laying down comfortably, with drapes up for sterility and so you don't have to look. I will inject the modern local anesthetic medicine to completely numb the area where we will be working. It will not numb your entire hand, just the small area where we will be working, so that you will be able to tell that we are working, but you will feel no pain. The numbing medicine does sting a little, for a few seconds, when it first goes in, but it works very quickly. And it usually lasts for 4-6 hours, so you will leave the surgery center with no pain. Occasionally there might still be some residual numbing or tingling effect even the next day.
 - **With Local Anesthesia**, you can:
 - Eat and drink normally on the day of your surgery.
 - Take all of your normal medications, including insulin.
 - You can safely continue to take any aspirin, baby aspirin, ibuprofen, advil, aleve, naproxyn, or other similar prescription Non-steroidal Anti-inflammatory drug (NSAID).
 - If you are on stronger blood thinner medication (coumadin, warfarin, plavix, clopidogrel, heparin, pradaxa, dabigatran, xarelto, rivaroxaban, others) please tell me before your surgery. Many of these medications you

can continue taking normally. Sometimes we will have you not take warfarin/Coumadin for 2-3 days before surgery depending on your blood thinner level (INR) and why you are taking the medication.

- If you take narcotic medication every day you can continue it normally.
 - You can drive yourself to and from the surgery center, but not if you are having both hands operated on the same day.
 - Your exact surgery time is, unfortunately, somewhat unpredictable, so please do not schedule or plan for work or meetings on the same day after your surgery.
- **If IV Sedation** (also known as Conscious Sedation or Twilight Anesthesia):
 - **With IV Sedation anesthesia**, you will get an IV placed at the surgery center, and you will be given medication in the operating room by the anesthesia team to make you sleepy. Generally they do not put you completely asleep, but rather you will drift off to sleep and can be completely unaware of the surgery, if you want. You can discuss how sleepy or unaware you want to be with your anesthesia team in the pre-op area before surgery. Once you are sedated, I will completely numb the surgery site with the local anesthetic, so you will feel nothing of the injection or surgery. You will start to wake up when we are finishing with the surgery and putting on the bandages, and the sedation medicine usually wears off quite quickly. You will have no pain, and the numbing medication usually lasts about 4-6 hours, so you will leave the surgery center with no pain. Occasionally there might still be some residual numbing or tingling effect even the next day.
 - **If Arm Block Anesthesia** (also known as a regional block, axillary block, or supraclavicular block):
 - **With Arm Block Anesthesia**, you will get an IV and IV sedation, as described above, and then the anesthesiologist will make your entire upper limb numb by blocking the nerves near your arm pit or collar bone. The anesthesiologist will discuss all aspects of your anesthesia with you in consultation, in the pre-op room before surgery. After the block is placed, you will be given more medication in the operating room by the anesthesia team to make you sleepy. Generally they do not put you completely asleep, but rather you will drift off to sleep and can be completely unaware of the surgery, if you want. You can discuss how sleepy or unaware you want to be with your anesthesia team in the pre-op area before surgery. If the block is not making your arm fully numb then you might go to sleep as well, with a general anesthetic. You may start to wake up when we are finishing with the surgery and putting on the bandages, and the sedation medicine usually wears off quite quickly. You will generally have no pain, and the numbing medication usually lasts about 8 or more hours, so you will leave the surgery center with no pain. How long the block lasts is very variable, but the anesthesia team will give you an estimate. Occasionally there might still be some residual numbing or tingling effect even the next day. You need a sling to protect your arm until the block wears off.
 - **If General Anesthesia:**
 - With General Anesthesia, you will get an IV and then given medication so that you will be completely asleep during the surgery. Once you are asleep, I will completely numb the surgery site with the local anesthetic, so you will generally wake up with no pain. The numbing medication usually lasts about 4-6 hours, so

you will leave the surgery center with no pain. Occasionally there might still be some residual numbing or tingling effect even the next day.

- **With IV Sedation OR Arm Block Anesthesia OR General Anesthesia**, you will need to:
 - Have nothing to eat or drink for at least 8 hours prior to your surgery.
 - You can and should take your usual important medications with a sip of water on the day of your surgery.
 - If there is ANY chance that you are pregnant please do a pregnancy test the day before surgery and notify the surgery center.
 - If you have Type 1 insulin dependent diabetes, please let me know and consult pre-operatively with your endocrinologist or family doctor. The plan generally includes taking all or half of your lantus or long-acting insulin the night before surgery, or continuing your normal basal rate on your pump overnight. Then depending on your morning blood sugar levels, either continue or lessen your basal rate so you don't get low. You may need to check your glucose more often than normal. Even without eating before surgery your blood sugar can rise due to the normal stress of surgery. You can continue wearing your pump during the procedure. Bring your meter, etc to the surgery center. If you do get low, of course take something, preferably glucose tabs or hard candy, or juice/coke if needed.
 - You will need a driver to take you home, and a "responsible adult" to go over the post-op instructions with you at the surgery center, and stay with you that day after surgery.
 - You should not return to work or the office or attend meetings on the same day of your surgery.

DURING FLEXOR TENDON REPAIR SURGERY – WHAT IS DONE:

The cut is opened to expose the ends of the tendons, which usually requires extending the incision a bit in both directions. We will check for nerve or artery or muscle lacerations, and repair injured structures as needed. The cut ends of the tendon are brought together and sewn with fine sutures. We then like to have you carefully move your finger while in surgery, to check the repair strength and quality and to make sure that the repaired tendons fit through the belt loops that guide the tendon along the bone. We will help you with this, and it is very exciting to see the finger moving by itself again after the repair.

For tendons to work normally and pull down a finger, they have to glide through the belt loops and tunnel. Flexor tendon repairs are not strong, because it is like sewing the cut ends of a stringy rope together without overlap. And, tendons do not have good blood supply and thus heal very slowly, minimum 3 months. But if we use a cast to hold the finger still for the three months that it takes tendon to heal, the scar tissue will stick the tendons together and also stick them to the walls of the tunnel, causing permanent finger stiffness. So, we need to get the finger moving, but in a gentle way so as not to rip apart the tendon sutures. And that is why the hand therapy after this surgery is so very important for a good outcome.

AFTER CARPAL TUNNEL SURGERY:

- **Bandage/splint/surgical dressing care**
 - Please keep your hand elevated as much and as often as possible for 2-4 days after surgery. This helps reduce swelling, and your hand may throb and feel worse if it is hanging down. This is very important!
 - In bed at night you can easily keep your hand comfortably elevated by wrapping a thin pillow around your forearm, and secure it with tape or an ace wrap or a safety pin, then place your elbow on another pillow. The wrapped pillow will hold your arm upright for you, with your elbow bent at a right angle.
 - Please keep your surgical bandage on and clean and dry until your post-operative appointment.
 - You may shower/bath, but keep the bandage dry. You can use a plastic bag taped up at the end, saran wrap or press-n-seal.
 - If you had a full arm block, you need a sling to protect your arm until the block wears off, but still try to elevate it as much as possible.
- **Hand Therapy Exercises**
 - For the first 1-3 days after surgery, until you visit with the hand therapist, I want you to focus on moving you shoulder and elbow fully, and don't worry about the fingers. Do not try to pull (flex) the fingers down in the splint.
- **Hand Use**
 - You will not be able to do much of anything with your hand after surgery. You will not be able to do any gripping or grasping, pulling or pushing, or operating of power tools, or driving with the injured hand.
- **Pain Management Expectations**
 - You will likely be pain free when you leave the surgery center, and the numbing effect of the local anesthesia or arm block will likely last 4-6 hours but is variable. Occasionally there might still be some numbing/tingling effect from the block even the next morning. I recommend starting the pain medicine before the lidocaine local anesthesia wears off. The anti-inflammatory medications work well for this condition.
- **Pain Medications**
 - There are three types of pain pills. All three types can be taken together, and at the same time. Their pain-relieving effects are additive.
 - **Tylenol (acetaminophen)**
 - Non-narcotic, safe
 - Inexpensive, comes in generic
 - Regular strength is 325mg
 - Extra-strength is 500mg
 - The dose is 1000mg 3-4 times per day.
 - Many over the counter pain and cold preparations contain acetaminophen. It is also a fever reducer.
 - **Non-steroidal Anti-inflammatory drugs (NSAIDs)**
 - Ibuprofen (Advil)
 - Sold over the counter as 200mg pills
 - Inexpensive, comes in generics

- Can take 1-3 pills every 6 hours or up to four times per day (lasts 6 hours)
- Do not take if you are already taking a prescription NSAID (there are many) as there is just extra risk and no extra pain relief.
- Do not take both ibuprofen and naproxen at the same time
- Naproxen (Aleve)
 - Sold over the counter as 220mg pills
 - Inexpensive, comes in generics
 - Can take 1-2 pills twice a day (lasts 12 hours)
 - Do not take if you are already taking a prescription NSAID (there are many) as there is just extra risk and no extra pain relief.
- **Narcotics**
 - Require a doctor's written prescription and generally cannot be refilled over a weekend or holiday.
 - Fairly safe for short-term use.
 - All types can become habit forming and addicting.
 - You can build up a tolerance to narcotics over time, meaning if you continue to take them long-term it takes a higher dose to produce the same effect (like alcohol).
 - They affect different people differently (like alcohol)
 - All are constipating. Best to take a stool softener (colace) and a bulk agent (metamucil, fiber, prunes) if you are susceptible to constipation or are taking these medications beyond a week.
 - All can cause some itching.
 - All can cause some nausea.
 - All are sedatives that cause varying degrees of sleepiness that can interfere with driving and decision making, and can cause unsteadiness and lightheadedness.
 - Best not combine narcotics with alcohol or other narcotics
 - Are often sold in a combination pill with acetaminophen (Tylenol).
 - Commonly used narcotic medications are:
 - Tramadol (Ultram)
 - 1 pill every 6 hours as needed
 - Generally the lightest and best tolerated with the least unpleasant side-effects
 - Hydrocodone with acetaminophen (Vicodin, Norco, Lortab)
 - 1-2 pills every 4-6 hours as needed
 - This medication requires the actual written prescription for any refill and cannot be called in.
 - Oxycodone with acetaminophen (Percocet, roxicet)

- 1-2 pills every 4-6 hours as needed
 - This medication requires the actual written prescription for any refill and cannot be called in.
- **Ice**
 - While ice is generally very good for pain and swelling for the first 48 hours after any injury or surgery, it is not too effective to ice through your dressing or splint or cast. Some people report that it feels good to ice the skin just above their dressing/splint/cast and that is OK, but not necessary.
- **Exercise (fitness)**
 - It is OK and beneficial to remain active after your surgery. Walking is good, and you can elevate your hand and do the FDS finger exercises while walking.
 - For 4 weeks after surgery, it is OK to continue any kind of aerobic fitness routine, but you will not be able to do any activities with your hand/wrist for 6 weeks. And then no strong gripping/lifting for 12 weeks from surgery.
- **Driving**
 - It is OK to drive a car if you can do it safely and you are not on narcotic medication. Most people are able to drive a manual transmission. You cannot drive a motorcycle or snowmobile for 12 weeks.
- **Work**
 - Most people are off work for 1-2 weeks, and then on light, restricted-duty work restrictions with no use of the operated arm for about 6 weeks post-op. Unrestricted use by about 3 months after surgery. People are different, and their job demands are different, so your exact return to work plan will be individualized for you, and should be discussed ahead of time. Most everyone can get back to doing their usual job eventually, without restrictions. Permanent restrictions are unusual.
- **Diet/food/eating**
 - You can resume your usual diet, and there is no need for anything special or for any supplements. Smoking, or the use of any nicotine-containing product, can slow and delay wound healing. Nicotine is really bad for tendon healing.
- **Problems**
 - Please call us if you have:
 - Fever over 101.5 for more than a day
 - Foul smelling drainage from the dressing or wound
 - Excessive bleeding
 - Uncontrolled pain
 - Please seek ER evaluation or treatment if you have:
 - Persistent vomiting
 - Inability to void (urinate) for more than 8-10 hours after surgery
 - Shortness of breath or chest pain
 - Severe allergic reaction

YOUR FIRST POST- OPERATIVE VISIT:

Your first visit back after surgery will be with the Hand Therapist, 1-3 days after surgery. The bandage will be removed, and you will be fit with a removable protective splint and instructed on the specific exercises. The goals are to get the finger joints and the tendons moving, without pulling apart the repairs. The exercises are very important and very specific, and the hand therapist will make sure that you understand them fully before you leave, so please follow their instructions closely! They will help get your fingers moving again. It is OK to get your incision wet after the bandages are removed, but no soaking in a bath or hot-tub or pool until the sutures are out. Updated work slips will be issued at each and every clinic visit with me, as needed.

Charges for all post-op doctor visits within 90 days of surgery are generally included with the surgery “global fee”. Charges for X-rays, splints, casts, supplies, medications and Hand Therapy visits are often not included in the surgery “global fee”. For questions about your bill from Twin Cities Orthopedics, please contact our Customer Service Department at 952-512-5625.

QUESTIONS?:

- For questions about your medical condition or surgery please contact me or Julie (my Hand Therapist) through our Care Coordinator Sarah at 952-456-7084.
- For questions about scheduling, insurance, paperwork, or work slips please call Sarah, our Care Coordinator, at 952-456-7084.
- For prescription refills please call Sarah at 952-456-7084.
- For questions about surgery arrival time or other day-of-surgery questions please contact your Surgery Center location directly.
 - Crosstown Surgery Center: 952-456-7333
 - WestHealth Surgery Center: 763-302-2863
 - Abbott Northwestern Hospital: 612-863-3138
- For after-hours medical urgent questions please reach the on-call Orthopedic Surgeon at 952-920-0970.
- Our Walk-In Access Clinic, TCO Orthopedic Urgent Care, is open every day at the Edina location from 8:00 am – 8:00 pm, for urgent problems with your cast or other urgent post-op problems. It is also open from 8am – 8pm on Saturday and Sunday. For any of the many other metro locations and hours for our Urgent Care centers, please visit our website www.tcomn.com.
- For billing questions, please call TCO Customer Service at 952-512-5625.
- For questions about your surgery center bill, co-pays or out-of-pocket costs please call your specific surgery center directly (above).
- For questions about your anesthesia bill, please call your anesthesia provided directly.

THANK YOU!