

ABOUT YOUR MUCOUS CYST EXCISION SURGERY

THE DAY OF SURGERY

Welcome! We will try to make your experience as easy as possible.

Please leave valuables at home.

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 two 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 with 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 numbing or tingling effect even the next day.

With IV Sedation 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.

You should not return to work or the office or attend meetings on the same day of your surgery.

DURING MUCOUS CYST EXCISION SURGERY – WHAT IS DONE?

We remove the cyst and any underlying bone spurs through a short incision directly over the cyst, and also remove any of the severely damaged thin skin lying over the cyst if present. We need to remove the root of the cyst that connects it to the joint, to lessen the chance of making another one. Tiny stitches are placed in the skin, and if there is not enough skin present to close the incision we occasionally place a small skin graft there, which we harvest from the little finger side of the hand. You will leave with a metal splint covering both the tip and the last joint of your finger, so the thin skin can heal over the next 2 weeks.

AFTER MUCOUS CYST EXCISION SURGERY

Bandage/splint/surgical dressing care

Please keep your hand elevated as much and as often as possible for 1-2 days after surgery. This helps reduce swelling, and your finger may throb and feel worse if it is hanging down.

Please keep your surgical bandage on and clean and dry. 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.

Hand Therapy Exercises

Please bend the other joints of the finger, up and down, as much as possible.

Hand Use

It is OK to use your fingers and thumb as much as you are able. Typing, writing, eating, dressing, driving, and light tool use are all good.

Pain Management Expectations

Your finger will be pain free when you leave the surgery center, and the numbing effect of the local anesthesia will likely last 4-6 hours but is variable. Occasionally there might still be some numbing/tingling effect even the next morning. We do not expect much pain after this surgery. Many people do well with only non-narcotic medication, but pain pills for the first day or 2 are OK. I recommend taking the medicine before the lidocaine local anesthesia wears off, and/or at bedtime.

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 200 mg 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 220 mg 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 can not 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 can not 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 can not 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.

For the first 1-2 weeks after surgery, it is OK to continue any kind of aerobic fitness routine, but you may not be able to swim, ride a regular bike, or lift dumbbells or barbells, or play golf or tennis. It is generally OK to do any exercise if you are able to do it comfortably, letting pain be your guide.

After 2-4 weeks, most people are able to return to all of their usual activities.

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.

Work

Most people are off work for just the day of surgery, and then on light restricted-duty work restrictions for the operated finger for about 2 more weeks. 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. Almost everyone can get back to doing their usual job eventually, without restrictions. Permanent restrictions are very uncommon.

Diet/food/eating

You can resume your usual diet, and there is no need for anything special or for any supplements.

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

You should return to the clinic office (not the surgery center) to see me or Julie the Hand Therapist about a week after your surgery. We will change the dressing and splint to something smaller, and you will be able to get it wet. But we often leave the stitches in for another week in that really delicate skin. Updated work slips will be issued at each and every clinic visit 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 952-456-7102.

For questions about scheduling, insurance, paperwork, or work slips please call Sarah, our Care Coordinator, at 952-456-7102.

For prescription refills please call Sarah at 952-456-7102.

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: 763-302-2800

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 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 other TCO Urgent Care metro locations and hours 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!