



General Orthopedic Post-Op Instructions

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FOLLOW-UP

- Typically, you will have a follow-up scheduled at the time you schedule your surgery.
- Unless otherwise instructed, **follow-up is generally scheduled for between 10-16 days postoperative.**
- At your first '2 week' follow-up, **you will generally see team PAC, Carley Berthiaume.** She will provide you with instructions for the next phase of your recovery. Typically, your second follow-up appointment with Dr. Mittelsteadt will be at 6-8 weeks postoperative.
- **If you do not have a follow-up scheduled** by the time of your surgery, please call the number listed above to make an appointment.

WOUND CARE AND HYGIENE

- Leave dressings in place until your follow-up unless otherwise instructed. If instructed to remove your dressings, the wound can be redressed as needed with a dry, clean, and/or waterproof dressing.
- Do not remove any steri-strips (adhesive paper strips over the incision), if present. These will be removed at follow-up visit.
- If suture material is visible, do not attempt to cut or remove. If suture material is nonabsorbable, it will be removed at follow-up visit.
- You may begin to **shower** and get the incision wet once the initial dressing is removed. Allow the water to run over the wounds but avoid aggressive washing or scrubbing of the surgical area.
- No soaking or submerging wounds in water (bath, pool, lake, etc.) for at least the first **3 weeks** following surgery. Ask your care team when you may begin to soak or submerge.
- Drainage is expected over the first few days postoperatively. If draining continues after postoperative day 3, call your physician.

SPLINT CARE

- If you have been discharged in a splint, **this should remain on until your follow-up, usually at 2 weeks postoperative.**
- Your splint has cotton padding and plaster underneath an ace wrap exterior. In order to preserve your splint, and to keep your surgical wounds healthy, you must keep your splint **clean and dry until you follow-up with your physician.**
- **Do not put foreign objects down your splint, or use tools to scratch underneath your splint**

- Common strategies to keep your splint dry include taking sponge baths, wrapping your splint with a waterproof barrier or bag, or bathing with your leg out of the water.
- If your splint becomes too tight, you may gently unwrap your ace wrap, and re-wrap in a slightly looser fashion.

MEDICATIONS

- Typically, you will be prescribed pain medication to be taken during the initial postoperative period. Take this medication as needed and any additional medications as directed.
- You may also take Tylenol, Ibuprofen, or Aleve to aid in pain control. Sometimes, your pain medication may already include Tylenol. Refer to the package instructions for Tylenol to ensure you do not take an amount that exceeds the safe dosage of Tylenol daily. Excess Tylenol can cause liver damage.
- Pain medication may take 30 minutes to take effect and lasts typically no longer than 4-6 hours.
- Do not drink alcohol or drive while on narcotic pain medication such as hydrocodone or oxycodone.
- It is not expected that you will be pain free during the early postsurgical period. Medication, ice, elevation, and rest are intended to reduce your pain to a manageable level.
- Pain medication may cause constipation. You may elect to utilize an over-the-counter stool softener.
- Refill of pain medication is typically discussed at your follow-up visit. The majority of patients will not require a refill of pain medication after surgery. In some cases, medication may be continued through 2-3 weeks after surgery. Wean off narcotic medication when able. Typically, patients will have weaned off of narcotic pain medications by 2 weeks postoperative.
- You may be prescribed a medication for prevention of a blood clot, or deep venous thrombosis. **Typically, this is daily 325mg Aspirin.** Take as directed daily. **If you have a blood clotting disorder, a history of blood clots, or an allergy to Aspirin, alert your physician.**

DIET

- Gradually return to your normal diet. Be mindful that you may experience nausea related to surgery, anesthesia, or medications. Anti-nausea medication may be prescribed after surgery. If vomiting or nausea persists despite medication, call your care team.
- Take medication with food when possible, to reduce the risk of nausea or upset stomach.

ICE

- Ice regularly during the early recovery period 20 minutes at a time with a minimum of a 15 minute period of rest from icing in between.
- Do not directly apply ice or frozen objects to skin. Use a barrier to protect the skin from temperature related damage.
- At times, an ice machine or device will be utilized for cold therapy after your surgery. Use as directed.
- Cold therapy is an important means of pain relief and swelling reduction for the first several weeks following surgery.

ACTIVITY

- If a splint was provided, do not remove or get wet until follow-up visit. Further splint care instructions can be found above.
- If a brace or immobilizer was provided, you may need to readjust or tighten the straps once the dressings are removed to ensure appropriate fit.
- Follow appropriate weight bearing instruction and range of motion instructions as provided on day of surgery.
- You should not drive while taking pain medication. Your care team will instruct you when it is otherwise safe to begin driving after surgery.

WHEN TO CALL YOUR CARE TEAM

Contact your care team for any of the following:

- Fever in excess of 101.5 degrees
- New pain, swelling, or redness at either leg or calf area
- Shortness of breath, chest pain
- persistent nausea/vomiting ○ Persistent or excessive drainage from your surgical site
- Numbness may be associated with peripheral nerve block or local anesthetic injection at the surgical site.

FOLLOW UP INSTRUCTIONS

- If you do not have a follow-up appointment scheduled with your care team, contact the office to set up a return visit around 10-14 days after your surgery.
- If physical therapy was discussed, call the office to schedule physical therapy sessions. These sessions typically begin around 7-10 days after surgery.

OTHER INSTRUCTIONS
