



Travis C. Burns, MD

Sports Medicine and Shoulder Reconstruction
Arthroscopic Shoulder, Hip, and Knee Surgery

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(210) 705-5060



Post-operative discharge instructions

Open (Non-arthroscopic) Surgical Procedures

- 1) These are general instructions for open (non-arthroscopic) surgeries. Please see the physical therapy protocol for your procedure for specific instructions/restrictions related to your procedure. Therapy protocols can be found at www.travisburnsmd.com under the patient info tab.
- 2) You should have a follow-up appointment scheduled 10-14 days after surgery. If you are unsure of the appointment, call my office to schedule the follow-up at (210) 705-5060.
- 3) Keep your incision(s) clean and dry. The dressing should be removed on postoperative day 2 and replaced daily with a sterile bandage/tape. Sterile bandages can be obtained at most local drug stores. You can shower after 3 days unless Dr. Burns told you otherwise. Allow soapy water to run over the incision but do not rub/scrub the surgical site. Cover the incision with a sterile/bandage after showering. Do not remove the paper strips or cut any visible sutures. The wound should not be submerged in a bath or pool until at least 2 weeks from surgery.
- 4) Swelling of your entire extremity is common after surgery. Extremity elevation for the first 72 hours is important to minimize swelling. If an ace wrap or compression stockings were used – reapply for the first week to reduce swelling.
- 5) Icing is very important for the first 5 to 7 days after surgery. Icing should be as continuous as possible for the first two to three days and then used as needed for 20 minutes as a time. The first several days use it as continuously as possible and remove the ice for 10 minutes per hour to check your skin. Do not apply ice directly to skin (cover skin with thin cloth towel) to avoid frostbite. If you get your dressing wet by applying ice, replace the bandage with a sterile dressing which can be obtained from a local drug store or pharmacy.
- 6) Follow weight bearing instructions and restrictions as advised at discharge (it will be listed on your physical therapy sheet). Crutches may be necessary to assist walking.
- 7) It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. If you received a nerve block, commonly you will not have significant pain the afternoon/evening of surgery. Unfortunately, the effect commonly wears off several hours after surgery and pain can become more significant. Taking pain medication before bedtime on the day of surgery will assist in decreasing the pain as the block wears off.
- 8) Fever - A low-grade fever (100.5) is not uncommon in the first 24-48 hours after surgery but unusual beyond. Please call the doctor with any temperature over 101 degrees.
- 9) Medications:
 - a) Narcotic/Opioid: You were likely prescribed a narcotic medication (i.e. Percocet/oxycodone, Vicodin/hydrocodone). It is easier to manage your pain as it develops rather than attempt to “catch up” when the pain becomes severe. The medications are typically prescribed 1-2 pills every 4 to 6 hours. Take 2 pills every 4 hours for the first two days after surgery if you are having significant pain. After 2 days your pain will begin to subside and you can decrease use of the narcotic. Depending on the pain after your procedure, patients typically use narcotic medications for a few days days to 2 weeks. It is important not to drink or drive while taking narcotic medication.

- b) Anti-inflammatory: As long as you don't have a contraindication (kidney problems/stomach ulcers/etc) you should supplement the narcotic medication with an anti-inflammatory starting the day of surgery. You can take 500mg Naprosyn/Naproxen (Alleve) twice daily or Ibuprofen (Motrin) 800 mg three times a day.
 - c) Blood Clot Medication: Depending on your surgery and risk stratification, you may have been prescribed a blood thinner such as Lovenox. If not, you should take baby aspirin (81 mg) twice daily until the sutures are removed in the office. This may lower the risk of a blood clot from developing after surgery. Should you develop severe calf pain or swelling of the calf, please call the clinic. Moving your knee and ankle can help re-establish blood flow and should be started immediately after surgery unless otherwise instructed.
 - d) Nausea: The anesthetic drugs used during your surgery may cause nausea. Additionally, narcotic/opioid medications can also cause nausea. If encountered, it typically only occurs for 24 to 48 hours after surgery. You should drink clear liquids (i.e. ice chips, Sprite or 7-up). If the nausea is severe, you can take Zofran 4-8mg every 8 hours. If you were not prescribed this medication and have significant nausea, please call the clinic for the medication. If nausea and vomiting become so severe that the patient shows signs of dehydration (lack of urination) please go to the local emergency room.
 - e) Constipation: Narcotics/opioids can cause constipation. You should take Colace 100mg twice daily for the entire time you are taking narcotics. If you have not had a bowel movement for 2 days after surgery, you can try over the counter medications such as milk of magnesia. If you have not had a bowel movement after trying over the counter medications, please call the clinic.
 - f) Other medications: You should resume your normal home medications for other conditions the day after surgery.
- 10) Sling/Brace: After surgery you may require immobilization in a sling or brace. These should be worn full time except during therapy and while showering. During showering, you can remove the sling or brace and keep your arm/leg in the same position as it is in with the sling/brace. Replace the sling/brace after placing a sterile bandage over your incisions after showering.
- 11) Sleeping: Sleep is often difficult in the first week after surgery due to discomfort from the procedure and the sling/brace. You need to wear your sling/brace while you sleep unless otherwise directed by Dr. Burns. This is to protect healing of the surgical site while you sleep and to avoid moving your arm/leg in a way that could stress the repair site while you are asleep. While wearing a sling, you may find it more comfortable to sleep in a recliner chair or sitting up on several pillows for the first week after surgery. We do not recommend using sleep medications as they can have combined effects with narcotics affecting your ability to breathe.
- 12) Driving: There is not a medical clearance to return to driving but you must be able to safely control your vehicle, including in emergency situations, prior to returning to drive after surgery. Specifically, you should not drive while taking narcotic pain medications. You should not drive if you had surgery on your right leg and it restricts your ability to accelerate/brake. Finally, studies show if you are wearing a sling it impairs your ability to control a vehicle and it is recommended that you do not drive. For a discussion of driving after surgery, please see [https://www.arthroscopyjournal.org/article/S0749-8063\(18\)30320-7/pdf](https://www.arthroscopyjournal.org/article/S0749-8063(18)30320-7/pdf).
- 13) School/Work: Returning to school or work depends on the degree of postoperative pain, postoperative restrictions, and demands of your job. This will be a unique decision for each patient to discuss with Dr. Burns.
- 14) Physical Therapy: Most patients will be referred for formal physical therapy after surgery. Therapy typically begins within 7 -14 days after surgery. All patients should contact the orthopedic or physical therapy clinic if physical therapy is not established by 10 days after surgery. Therapy protocols are available on Dr. Burns' website www.travisburnsmd.com. Please take a copy of the protocol with you to your first therapy appointment. If there are any questions regarding your therapy protocol, please call the orthopedic clinic.
- 15) Call the clinic or contact the clinic nurse at (210) 705-5060 for any concerns to include fevers, persistent pain

or drainage from the wound, increased redness or swelling, or any other concerns related to your surgery. For emergent concerns such as chest pain, difficulty breathing, or shortness of breath please report to the nearest Emergency Room.