



## ORTHOPEDIC ASSOCIATES of HARTFORD

Chris Lena MD, James Alvarez PAC  
Arthroscopic and Reconstructive Surgery of the Shoulder and Knee Sports Medicine  
MEA's Karen Smith, Jackie Zuidema, Annmarie Fiore  
Tel: (860) 549-8249 - FAX: (860) 244-8813

[www.oahct.com](http://www.oahct.com)

### FAQ's-- Frequently asked questions after Surgery

**Q: When can I shower?**

A: You will change your dressing the second day after your surgery. If there is no drainage, you will be able to shower at that time. If there is drainage you should redress the incisions and keep the incisions dry with a waterproof dressing, unless your doctor has instructed you differently. If you have an Aquacel Dressing on remove on the date written on the dressing. You can shower with the Aquacel Dressing on and once removed since your incision has been closed with glue.

**Q: How often and how long should I use ice packs?**

A: You should utilize ice packs for the first few weeks to reduce pain and swelling. You can cycle ice on, and off for no more than 20 minutes at a time. You can start this the day of surgery. Ice/cold helps to decrease inflammation even after the first 48 hours especially for activity related inflammation.

**Q: When can I begin to drive?**

A: It varies between patients and the type of surgery you had. The criteria for driving are as follows:

1. Once you are **no longer** taking the narcotic pain medications during the day.
2. If your lower extremity was operated on:
  - 90 degrees of bend to ensure ability to transition from brake to gas pedal
  - Able to transition to and from brake and gas safely with the ability to apply significant pressure.
  - Demonstrated adequate strength as determined by you and/or your physician.
3. If you're upper extremity was operated on:
  - Your upper extremity is not immobilized (i.e. Sling, splint or cast)
  - Demonstrated adequate strength as determined by you and/or your physician to operate the steering and if necessary the shifting of your vehicle.

**Q: When can I go back to work?**

A: Depending on whether or not light duty/transitional duty are available, you could return as soon as you feel up to it and your employer will allow your restrictions. If your occupation requires full duty, then you may return as soon as you are able to perform your job specific duties safely.

**Q: There is some drainage/bleeding from the incisions? What should I do?**

A: Slight drainage from one or more of the incision sites is common during the first few days. This drainage is typically thin and watery, and should be clear to reddish in color. The patient should not panic about this drainage and simply reinforce the dressing or change it. If it is copious, discolored, or purulent (pus) and associated with pain and fevers, you should immediately contact your surgeon.

**Q: How will I know if there is an infection?**

A: The first sign of an infection is malaise (a general feeling of illness) and fever, which can develop anytime after surgery. It is very normal to have a slight increase in temperature after surgery; this is your body's normal response to the surgical trauma and your decreased activity level. Temperatures that remain elevated above 101 degrees Fahrenheit and are not relieved with the use of antipyretics (such as Tylenol, Aspirin or Ibuprofen) should be called to your doctor's attention. Infections produce an area of redness, increased pain/tenderness, increased warmth, swelling and sometimes purulent drainage around the incision site as well as decreased function of the operative site (i.e. shoulder or knee). If there is an infection you should immediately contact your doctor for an appropriate antibiotic and further care.

**Q: Should I move after surgery?**

A: As soon as you recover from anesthesia you should try to move. This helps to reduce the risk of developing pneumonia, thromboembolism and adhesion formation. Strenuous activities such as lifting weight, straining and vigorous exercise should be avoided until your surgeon recommends to. **Take 1 Aspirin (325 mg) once or twice daily as directed to reduce the risk of blood clot in addition to the pain medication.**

**Q: Why am I constipated after surgery?**

A: Because of disturbed physiology and dietary habit constipation is common after any surgery. Narcotics are notorious for slowing down your gastrointestinal motility which causes increased fluid absorption from the gut subsequently causing constipation. To avoid constipation; it is imperative that you increase your intake of fluid, fruits and fiber. It may also be necessary to take a stool softener (i.e. Senekot or Colace). Constipation is generally temporary and most patients will have no problem after 48 hours. If there is constipation after 3-4 days a mild enema may be necessary to resolve the problem.

**Q: What do I do if I'm running out of pain medications before my follow up appointment?**

A: First, do not wait until you are down to your last pill. Call your doctor only during business hours 8:30 am until 4:30 pm for a refill of your medication. Some narcotics can not be called into a pharmacy so a substitution might have to be called in or you will have to come into the office to receive a written prescription (call before showing up in the office, your doctor may be in the operating room or another office). Prescriptions are usually called in at the end of the day so be patient (another reason for not waiting until you are down to your last pill). Do not expect that the person covering the group, for emergencies only, will know who you are, what surgery you had, or if it is appropriate for you to receive any pain medications. He/she will not provide you with narcotics; poor planning on your part does not constitute an emergency (i.e. I need pain meds after 4:30 pm or on weekends).

**Q: What do I do if I am having a lot of pain after surgery?**

A: Although arthroscopic surgery has less post-operative pain compared to open procedures, it is wrong to think that arthroscopic surgery is a painless surgery. Take your pain medications as directed. Use the R.I.C.E. principle- rest, ice, compression (ACE wrap), and elevation (above the level of the heart). You may also try over the counter pain medications such as Tylenol or Ibuprofen (if not on a "blood thinner"). Take as directed unless there are contraindications. If these methods do not work contact your doctor. Patients should avoid alcohol while taking pain medication. Within a few days, the pain should gradually subside.

**Q: Why am I so itchy?**

A: The narcotics which are often prescribed after surgery cause the release of histamine which makes you itch. Unless you develop hives or shortness of breath you are not having an allergic reaction. To decrease the itch you can take an over the counter anti-histamine like Benadryl or Claritin.

**Q: What do I do if I have nausea or I am vomiting and can't eat?**

A: Try to continue to take in fluids in to avoid dehydration. Don't panic, because of disturbed physiology, anesthesia and narcotics it is unfortunately common to have nausea and vomiting after any surgery. Over the counter medications like Benadryl or Dramamine can be helpful if used as directed. If these medications are not beneficial call your doctor. It may be necessary for him/her to prescribe an anti-emetic to be taken by mouth or sometimes if you are unable to take anything by mouth, to be taken per rectum (i.e. suppository).

**Q: When should I see the doctor after surgery?**

A: Usually a time frame to follow up will be on your discharge instruction sheet. You will need to call the day after surgery (during business hours 8:30 am - 4:30 pm) to schedule your follow up appointment.

**860-549-8249**