

## POST-OPERATIVE INSTRUCTIONS KNEE/HAND/WRIST SURGERY

You have an appointment to see the doctor: Date \_\_\_\_\_ Time \_\_\_\_\_

Office location of follow up visit: Santa Barbara Oxnard Santa Maria Bakersfield

- Observe operative area for signs of infection: Which would be fever of 101.0 f or greater, excessive pain, Redness/swelling at or around incision site, foul odor to drainage. Observe operative limb for discoloration, increase in pain or a feeling of numbness, your dressing may be too tight and may need to be loosened slightly.
- Some bleeding is normal. **Report excessive bleeding to your doctor.**
- Keep operative area clean and dry. Do not remove dressings.
- Keep surgical site elevated on pillows, to be kept above heart level. (3 pillows under foot and 2 pillows under knee is recommended for knee/ankle surgeries, 3 pillows under your hand and 2 under the elbow for hand/wrist/carpal tunnel surgeries.)
- Apply cold therapy as demonstrated for at least 4 days following surgery, use 30 minutes at a time every hour for the first 8 hours then as needed for 30 minutes at a time.(only if ordered by your surgeon.)
- Fill any prescriptions issued to you and start medications as soon as possible, Take prescribed medications as directed on label.
- Avoid **aspirin containing medications:ie, Emprin, Anacin, Excedrin, Bufferin, unless ordered by your surgeon. (Some surgeries require use of aspirin therapy to avoid blood clots from forming in your lower extremities. Your nurse or surgeon will instruct you if this is necessary for you at time of your discharge from the hospital.)**  
You may take Tylenol or extra strength Tylenol in place of prescribed medications.  
(Please do not take in addition to prescribed pain medications, most pain Medications already have Tylenol in them and you want to avoid taking it in Excess) Please call your doctor if there is any questions
- Take 10 deep breaths and cough every hour to prevent pneumonia.
- You may sponge bathe only May shower after 3 days. Avoid getting your dressing/incision wet, please cover with plastic and tape (**No tub baths, hot tubs, saunas for 3 days**)
- Ambulate as tolerated today and increase over the next few days  
To prevent clots from forming in your legs, report calf tenderness to your doctor.  
Avoid strenuous activities, until cleared by your doctor.
- Diet: Start with liquids and advance to solids if liquids are tolerated without nausea or vomiting
- **Last Pain medication given at:\_\_\_\_\_ next dose in 4-6 hours as prescribed**

Anesthesia/Anesthetic medications will be in your body up to, but not limited to 24 hours, for the next 24 hours do not: Smoke, drive or operate machinery or power tools, drink alcoholic Beverages, Take any medications unless approved by your physician/surgeon, make important Decisions or sign legal documents assume the role of caretaker for another individual and do not remain alone. Have a responsible adult with you.

**Other instructions:** \_\_\_\_\_

**IF ANY PROBLEMS ARISE OR IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CALL YOUR DOCTOR IMMEDIATELY OR GO TO THE EMERGENCY ROOM NEAREST YOU.**

Carrillo Surgery Center has advised me to arrange for transportation from Carrillo Surgery Center to my home or other final destination after my procedure. I agree not to operate my own, or any other vehicle from Carrillo Surgery Center and agree to arrange for transportation to my home or Other destination after my procedure is completed.

**I ACKNOWLEDGE AND AGREE TO THE ABOVE:**

PATIENT/PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If signed by someone other than patient, please state relationship: \_\_\_\_\_

RESPONSIBLE ADULT SIGNATURE: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_