

Facey Medical Group
Orthopaedic Surgery & Sports Medicine
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The following is intended as an overview of the diagnosis, surgical treatment & post-operative expectations of your injury. Many of the questions that patients routinely have are addressed here, but if you have further questions or do not understand the content, please contact us.

Procedure

Post-operative Instructions

Pain Medication – You will be given a prescription for pain medication following surgery. Take these as directed for as long as you require them, usually 1-2 weeks. Most patients tolerate these medicines well, but they can cause drowsiness, nausea, vomiting, and, rarely, allergic reactions. When the initial pain subsides, you can substitute them with acetaminophen (Tylenol). Do not take these medicines with alcohol or with other prescription pain medicines. These medications rarely eliminate all pain, but if they are not adequately controlling your pain, or if you are having significant side effects, you should alert your physician.

Dressing Care – The initial dressings may be carefully removed 5 days after surgery. Do not pull at the underlying sutures or adhesive bandages. Keep the area clean & dry and cover it with a fresh gauze or other bandage. Continue to use the compression stockings as long as possible, but at least until you are walking normally. The ice compresses should be used over the dressings continuously for the first 72 hours. After the first dressing change, it can be used for 15 minutes every hour until the initial inflammation subsides. It can then be used 2-3 times daily for 15 minutes, after activities or as needed.

If a cast or splint is placed at the time of surgery, do not attempt to remove it. Keep it clean and dry at all times. Do NOT stick anything in the cast to scratch, as it may disrupt the skin and lead to infection. Itching can often be alleviated by staying cool, using a hairdryer on the cool setting directed into the cast and, even, eating or chewing on something cold.

Bathing – Showering is acceptable after the first bandage removal. Limit your shower to short duration and avoid directing water at the incisions. A plastic covering may be used to limit water contact with the surgical area. Avoid using any soap, alcohol or peroxide, and do not submerge the incision. Once finished, pat the area dry and cover with a fresh gauze or other bandage.

If a cast or splint is placed at the time of surgery, bathing can be accomplished by spongebath or showering with the ENTIRE cast cover with a towel, large plastic bag & tape. Do NOT get the cast or splint wet.

Weightbearing – Unless otherwise directed, you may bear full weight immediately. Crutches may be provided for assistance with balance. If a brace has been given, use it as directed especially during activities. When not walking, you should elevate the operative extremity to minimize pain & swelling.

Return to Work/School – Returning to work or school is highly individualized based on your demands at work/school, transportation needs & individual course of recovery. Most patients should plan on a period of 4-6 weeks of recovery if possible. Those with lower physically demanding jobs, including no lifting, pushing, pulling or prolonged standing, may be able to return sooner. Light duty arrangements may be necessary. When you do return to work, you should be off of prescription pain medications, have good leg control and be able to take necessary breaks to elevate the leg. If returning to school, make sure to have a doctor's note for temporary physical education exemption.

Driving – Safety is paramount with respect to your return to driving. You should be off of all prescription pain medications and have enough control of your leg to react safely to the normal hazards of the road. This will be true for most patients within 2-4 weeks, but is individualized and may take longer for right-sided lower extremity surgery.

Special Precautions

Postoperative Visits

Please call the office to confirm your initial post-operative visit date & time. If you would like to review your intra-operative pictures, please bring them with you to the appointment.

Immediately post-op (in recovery room) – Fit check of ice compress & dressings, crutch training if necessary
2 weeks – Wound check, ROM check
6-8 weeks – ROM check, strength check
12-16 weeks – ROM check, strength check
Further visits to be determined as necessary

Rehabilitation

Formal physical therapy may or may not be required. Either way, it is important to remember that early aggressive exercise can be counterproductive, causing further pain & swelling or disruption of the surgical repair. For this reason, it should be performed gradually, initially focusing on stretching to regain full range of motion, and progressing to overall strengthening.

If you do experience problems, try taking an anti-inflammatory medicine (i.e. ibuprofen, naproxen) prior to exercise and use your ice compress afterwards. Do not take those medications, however, if you experience significant stomach upset, or have a history of ulcers, GI bleeding or renal disease. If you have been given a brace, be sure to use it during all exercise activities until removed by the physician.

In cases of more invasive surgery, formal physical therapy may be recommended to assist in reaching your rehab goals. If possible, you should schedule your initial post-operative PT visit prior to the time of surgery.