



PRAIRIE

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Post-operative Instructions - Non-Elective Surgery

Dressings:

- ____ You have a bulky dressing on. Leave this on for 48 hours, then change to a smaller, less bulky dressing (such as a large band-aid or mepore dressing) for another 10-12 days.
- ____ You have a regular dressing on. Leave this dressing on unless it becomes loose or saturated, in which case you may change to a similar dressing. Leave the wound covered for 12-14 days after surgery.
- ____ You have a cast or splint on. Leave this on until you are reviewed by your surgeon. **This must stay dry!!!**
- **Note:** sometimes there can be drainage or oozing seeping through the dressing in the first few days after surgery. This can be either red (sanguinous) or yellowish-orange (serosanguinous). Do not be alarmed if this occurs. Simply apply gauze or another dressing overtop of the original dressing, or change to a new clean dressing without disrupting the wound. If you are in a cast/splint, wrap with gauze or a tensor overtop. If the drainage persists for several days, is foul smelling, or if there is a large volume that you are concerned about, please contact our office. If you become unwell, please proceed to your nearest emergency department/urgent care center.

Elevation:

- Keep your affected extremity elevated to heart level to help get the swelling down

Showering:

- Keep your dressing/wounds dry for 2 weeks. This may mean double-garbage bagging your extremity.
- **Note: If you are in a splint/cast, this must stay completely dry until it is removed!**

Sutures/Staples:

- ____ You have dissolving sutures, thus they do not need to be removed. There may be a small tail sticking out of the skin. If it bothers you, you may cut it flush with the skin, but otherwise it will fall off on its own (or can be clipped at your 2-4 week/wound check appointment).
- ____ You have non-dissolving sutures. These will be removed at your 2-3 week/wound check appointment.
- ____ You have staples. These will be removed at your 2 week/wound check appointment.

Cold Therapy:

- Cold therapy with either ice or specially designed machines (cryocuff) is beneficial post-operatively. It helps to reduce inflammation as well as decrease pain. Use ice regularly for the first 1-2 weeks post-op (30 minutes on at a time, several times/day). Be careful not to put ice directly onto skin, as it may damage your skin. Note this may not be possible if you are in a cast/splint.

Anti-inflammatories:

- ____ You may use anti-inflammatories post-operatively (if had a debridement, clean-up, etc.)
 - ____ You may use ibuprofen (i.e. Advil/Motrin) or naproxen (i.e. Aleve) as directed on the bottle
 - ____ Your surgeon has given you a prescription for a specific anti-inflammatory. Do not use any other anti-inflammatories other than what was prescribed. Please finish the complete course of this anti-inflammatory
- ____ Please avoid regular anti-inflammatory use post-op, as there is theoretic evidence it may interfere with tendon/ligament/bone healing

Infection:

- Despite our best efforts, surgical site infection may occur. Things to watch out for include fevers/chills, night sweats, feeling ill or unwell, increased pain at the operative site, redness or increased/new drainage at the operative site. Please contact our office immediately if you feel you may have an infection. If it is outside of regular business hours then proceed to your nearest hospital/urgent care center.

Fever:

- Fever does not always mean infection. A low grade fever (less than or equal to 38.5°C) can occur in the first 48 hours post-operatively as a result of the surgery & anesthetic. If you have a low-grade fever, then try doing some deep breathing exercises. You may also take acetaminophen (i.e. Tylenol) if you have not taken any (or any medication containing it, such as Tylenol #3 or Tramacet) within the last 4-6 hours. The fever will usually resolve. If it worsens or if you are feeling unwell, then contact our office or, if outside business hours, seek medical attention.

Breathing:

- Deep breathing exercises are important post-operatively. Especially if you have a general anesthetic, the alveoli (little air sacs) in your lungs may contract to a smaller size from the anesthetic and surgery. Deep breathing helps to re-expand those sacs and decrease the risk of breathing issues, such as pneumonia. Every hour take 10 deep breaths in and out, holding for 3 seconds. Continue this for the first few days post-op.

Pain Control

- The analgesics (painkillers) prescribed will vary depending on the procedure performed, any drug allergies or intolerances you may have, as well as any potential interactions with your other medications. But generally speaking:
- For most procedures, you will usually be prescribed a stronger narcotic, most often Dilaudid/hydromorphone (other examples are morphine, oxycodone), as well as a lighter one, such as Tylenol #3 or Tramacet. Start with the stronger narcotic first; you will likely need this for the first few days after surgery. When you are feeling a bit better, you can stop taking the strong narcotic and begin taking the lighter one (i.e. Tylenol #3 or Tramacet). The easy way to remember: go alphabetically (Dilaudid/hydromorphone/etc. all come before Tylenol #3/Tramacet). Do not take both medications at the same time. You do not need to finish all the pills if you are no longer having pain.
- For more minor procedures, you will likely be prescribed Tylenol #3 or Tramacet. You may take these as needed, and do not need to finish all the pills if you are no longer having pain.
- Return any unused narcotics to your local pharmacy to dispose of.
- Avoid taking Tylenol (acetaminophen) when taking Tylenol #3 or Tramacet, as both these medications have Tylenol in them. Taking Tylenol in addition to these medications could result in overdose which could seriously harm your liver. You may take Tylenol once you are no longer taking these medications.

Bowel Care:

- The combination of anesthetic during the surgery and narcotic medications for pain control after the surgery can lead to constipation. Prevention is key! Ensure you are drinking several glasses of water every day. It is also recommended to use a stool softener (such as docusate sodium — one 100mg tablet twice a day) and a stimulant (such as senna — two 8.6mg tablets at night) to help. These are available over the counter at any drug store.

Lotions/Ointments:

- Do not apply any lotions or ointments to your surgical wound in the first few weeks. If you wish to use lotions containing Vitamin E you may do so only after the wound has fully healed to minimize the risk of wound breakdown or infection (i.e. 4-6 weeks after the surgery).

Follow-up:

- Your surgeon will see you in ____ weeks for a follow-up appointment. **Please contact his office and make this appointment to be seen in the cast clinic at the hospital.**