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PRE- AND POST-SURGERY INSTRUCTIONS FOR EXTREMITY PATIENTS

Medications:

Narcotics: The orthopaedic office does not prescribe narcotics for pain prior to operations, with some exceptions. If you have pain that you think requires the use of narcotics, please be advised that this will diminish the effectiveness of narcotics after the operation. Please seek such pre-operative narcotics from your primary care provider in the pre-operative phase if you have too much pain. After your operation, you will be given a prescription for narcotics upon discharge from the hospital by the surgeon or his physician assistant. Please follow the instructions for narcotic administration closely. Most importantly, please realize that you do not have to take narcotics unless you are interested in reducing the pain that you are in. Refills for medications need to be requested by 3:00 pm. NO NARCOTIC REFILLS WILL BE GIVEN OVER THE WEEKEND OR AFTER 3:00 P.M. WEEKDAYS. PLEASE EXPECT A 48 HOUR TURN AROUND TIME ON PRESCRIPTIONS ONCE YOU CALL IN YOUR REQUEST. If your pain extends beyond 45 days after the operation to the extent that you feel that you require narcotics, pain management will be transferred to your primary care provider or a pain management specialist. Generally speaking, a "Pain Medication Contract" is implemented after patients are on narcotics for 45 days or more after an operation. This is typically implemented through the patient's primary care provider, although there are exceptions.

Antibiotics: If you are taking antibiotics, take them until the bottle is completely finished. Unless otherwise noted, refills of antibiotics are not necessary.

NSAIDS and Aspirin and Tylenol: Remember, do not take aspirin or certain arthritis medications (NSAIDs) for at least three months if you have had a spinal fusion surgery and DO NOT take these type of medications 2 weeks prior to the operation. These include Motrin, Aleve, Ibuprofen, Advil, Naprosyn, and Daypro. It is okay to take Tylenol with over-the-counter instructions. Do not exceed a daily total acetaminophen intake of 4 grams. If you are unsure please call the office to verify.

Incision Care: Check your incision daily for the first two weeks for any signs of infection, starting post-operative day number 4 only if you do not have a splint on. These signs include increased warmth or redness to the area, swelling, drainage or unexplained increasing pain at the incision site. A small amount of reddish-brown drainage is not unusual for the first few days post-op. Please report any other type or amount of drainage to our office. You must keep the incision dry until 4 days post-operatively. Until then, cover the area while showering. After 4 days, gently wash the incision daily with warm water and mild soap. Please remove the dressing before showering. Do not take a bath in a tub until the sutures or staples have been removed. You may apply ice in a bag to the incision region as long as this dry bag does not touch the incision site and it does not compromise the protocol for bracing. Typically, a spine brace can be taken off while in bed in order to ice it [if a brace was applied at the hospital], but please check with your surgeon or his physician assistant first. Do not apply the ice for more than 20 minutes at a time and do not apply it to bare skin without the dressing on for the first two weeks.

Dressing Changes: You may change the gauze dressing the day after you return home. The dressing may be discontinued 24 hours after the incision stops draining or spotting; and this generally occurs by post-operative day 5. Steri-strips (adhesive skin closures) should be kept on the incision until 14 days following surgery. Remember to gently dry the incision area/steri-strips after showering. It is common for the edges of the strips to loosen and curl. Simply clip the frayed edges but leave the strips on for 14 days unless they are so loose that they are no longer functional. In this case, you may gently lift off the strips. Do not apply cream or ointment to the incision.

REMEMBER: Call our office immediately if:

1. You have increased drainage and/or odor from your wound.

2. You have increased redness/swelling at the incision site or unexplained incision pain.
3. You have a fever of greater than 101 degrees.
4. You have new or unfamiliar pain or weakness in the arms or legs.
5. You have difficulty with urination or bowel movements, pain or numbness in the rectal, vaginal or scrotal area.

If you are experiencing any of the above problems after 5 pm weeknights or on weekends, please call our office number that will be directed to the answering service. They will direct you on how to proceed.

Work: If you normally work, please make arrangements to be off of work for up to 20 days after the operation. After your first post-operative appointment, the time off of work can be modified. The duration of your release from work is variable depending upon the type of the operation, your pain tolerance and the minimum type of physical work intensity that is permissible at your place of employment. Work restrictions can be applied to get you back into work gradually.

GENERAL INFORMATION:

With the use of narcotic pain medication, constipation is common. An increased intake of water, 6 to 8 glasses per day, will increase the ease of bowel movements. Increasing your intake of fiber with a daily supplement such as Metamucil is often helpful.

Activity, especially walking around your home, is encouraged. No special physical therapy exercises are necessary for the first 21 days after non-fusion spine operations and for the first 42 days post-op, unless you are instructed otherwise at the hospital.

Do not do heavy housework, such as bed-making, vacuuming or laundry for the first 42 days post-op, unless otherwise instructed.

No bending, lifting, twisting, pulling or pushing greater than 10 pounds for the first 42 days post-op with the non-operative extremities except to mobilize and walk.

Please refer to the instructions that are provided to you by your physical therapists, occupational therapists, Dr. Schmitz

and his physician assistant both in the hospital and as an outpatient. These instructions should give you details about how much you can work, stand, walk, sit, push, pull, grasp, use a keyboard, stoop/bend, crouch, crawl, knee, twist, climb, and reach.

Physical Therapy: Often, physical therapy is prescribed soon after surgery, and a prescription to this effect may be given to you after the operation and prior to leaving the hospital. There are exceptions to this, and occasionally, physical therapy is not administered until post-operative day 21, after you have made your first post-operative visit.

Driving: It is not recommended that you start driving until you are off of narcotics and at least 14 days have transpired from the date of the operation. In the case of shoulder and elbow surgery, it is recommended that you avoid driving for 42 days after the operation.

Follow-up Appointments: Follow-up in the clinic is anywhere from 12 to 21 days post-operative depending on the circumstances.

Please call ALPINE ORTHOPAEDIC & SPINE, Monday through Friday between 8:45 am and 4:30 pm to schedule the appointment.