Outpatient Surgery: General

DIET
- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.
- Take pain medicine with food – crackers, bread, etc.

WOUND CARE
- Maintain your operative dressing, loosen bandage if swelling or tingling.
- It is normal to bleed some from the surgery site. If blood soaks onto the bandage, do not become alarmed; reinforce with additional dressing.
- If blood saturates more than 2 bandages call Borgess Orthopedics at (269)343-1535.
- Keep splints or casts clean and dry.
- If no splint or cast, you may remove surgical dressing on the 2nd post-operative day. If minimal drainage is present, apply band aids over incisions. Do not use antibiotic ointment.
- To avoid infection, keep surgical incisions clean and dry. You may shower on the 2nd day. No immersion of operative extremity until instructed by staff.

MEDICATIONS
- Pain medication may be injected into the wound and knee joint during surgery. This will wear off within 8 to 12 hours.
- The anesthesiologist’s regional nerve block usually wears off within 18 to 24 hours.
- Aleve 500mg 2 times per day may be taken for pain if you do not have a history of bleeding or ulcers.
- Some patients will require narcotic pain medication for a short period of time. This can be taken as per directions on the bottle. Potential narcotic side effects include: constipation, nausea, vomiting, sleepiness.
- If nausea and vomiting continue for more than 12-24 hours, contact the office to have your medication changed (269)343-1535.
- Do not drive a car or operate machinery while taking the prescription pain medication.
- Increase vegetables, whole grains, and water intake to decrease risk of constipation related to pain medications.
- Drink a full glass of water with every dose of medication (prescription or over the counter) and take with food.

ACTIVITY
- When sleeping or resting, elevate the extremity with the support of a pillow to reduce swelling and pain.
- Do not engage in impact activities which increase pain/swelling over the first 7-10 days following surgery.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- No driving or operating heavy machinery until you are off all prescription pain medications.
- You may return to sedentary work or school 1-3 days after surgery, if pain is tolerable.
**EXERCISES:**
- Upper Extremity Surgery: Gentle wrist, hand, and finger motions.
- Lower Extremity Surgery: Ankle and foot pumps.

**ICE THERAPY**
- Begin icing immediately after surgery using the compression machine or cold packs.

**EMERGENCIES**
- Contact Borgess Orthopedics (269)343-1535 if any of the following are present:
  - Painful swelling or numbness, tingling, color change, or coolness in the ankle or foot
  - Unrelenting pain
  - Fever over 101 (It is normal to have a low grad fever for the first day or two following surgery)
  - Redness or worsening pain around incisions
  - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
  - Difficulty breathing, wheezing
  - Excessive nausea/vomiting causing inability to keep anything down for 12-24 hours
  - Inability to urinate

**WHAT TO EXPECT AT YOUR FIRST POST OPERATIVE VISIT**
- Splint or cast removed if needed.
- Suture/stitches will be removed and new bandage applied.
- Follow up Xrays will be taken if indicated.
- New hinged brace fitted if needed.
- Next follow-up visit will usually be scheduled for 4-6 weeks