

## Post-operative Instructions

- The affected joint was injected with a long-lasting anesthetic which will wear off after four to eight hours. An increase in pain can be expected at that time. The pain may increase over the course of two to five days after surgery. Do not hesitate to use the pain medication prescribed. The Percocet (Oxycodone) will be the first drug to use. If you are unable to tolerate the Percocet or run out of it, Norco (Hydrocodone) may be used for pain control. If you experience any significant nausea or vomiting, you may take the Phenegran (Promethazine) as directed.
- The pain medications prescribed may cause itching and/or light-headedness. To help prevent this, do not take them on an empty stomach. Benadryl (over the counter) may help decrease the itching.
- Please call the office if the pain seems out of proportion, if there is an increase in swelling in the fingers or toes or discomfort in the digits.
- To ease knee swelling, keep the affected extremity elevated above the heart for 24 to 48 hours.
- To reduce shoulder swelling, continue to rest in sling and ice regularly.
- It is normal for the dressing to have some bloody seepage after the surgery. This does not represent ongoing bleeding in the wound or an open wound. Do not attempt to change the dressing yourself. This will be changed in the office on the Friday following the surgery. If the blood seems excessive or seeps continuously, please call the office.
- Do not get the post-op dressing wet. You may shower if you adequately cover the surgery site with a large plastic trash bag or snug saran wrap. Do not submerge the site (no bathing or swimming).
- Do not attempt to remove steri-strips, staples or sutures on your own. These will be removed at your nine to ten day post-op appointment.
- It is not uncommon to have some mild temperature elevations after surgery (less than 101 degrees) due to incomplete lung expansion. To resolve this, take ten deep breaths and forcefully exhale every hour while awake for the first three days after surgery. You may take Tylenol to improve comfort during the temperature elevation. If the temperature is above 101 or if there is an increase in swelling, pain or redness greater than what you would expect after surgery, please call the office.
- It is not uncommon to have some mild shortness of breath, facial or lip numbness or numbness in the affected arm after shoulder surgery if there is an interscalene block used for anesthesia. If you experience severe shortness of breath, contact the office or go to the emergency room.
- You may drive after you are off of narcotics, can react to an emergency driving situation appropriately and have full control of your extremity. For shoulders, this can be as long as one to four weeks. For knees, you may drive an automatic if the left knee was operated on and if you are not taking narcotics. If the right knee was operated on, you may not drive until full control of the extremity is regained and you are off of narcotic medication. For right knee ACL reconstruction, driving will be delayed for two to four weeks depending on your progress and when you are no longer taking narcotic medication.

- For urgent questions after office hours, you may still contact the office. Your call will be transferred to our answering service who will contact the on-call physician or physician assistant.
- **Begin taking baby aspirin (81mg) once a day by mouth for four weeks** (unless there is a reason why you cannot take Aspirin, such as an allergy to Aspirin or stomach/kidney problems that Aspirin may make worse). Taking Aspirin reduces your need for post-op medicine and may decrease the chance of developing blood clots (DVT, deep venous thrombosis) in your extremities.

**Knee** – You may move the knee and sleep in any position you wish, but do not vigorously bend the knee in any direction as this may increase swelling and pain. To aid in recovery, do 10 straight leg raises and move your toes and ankles fully ten times every hour you are awake.

**Shoulder** – Sleep with the shoulder elevated and remain within the motion of the protective dressing.

**If you develop a fever over 101 degrees, pain in the affected extremity is increasing or persistent or any unusual symptoms arise, please call the office at 317.884.5161.**

Helping you achieve the optimal activity level  
for your lifestyle is my first priority.

- Scott Gudeman, MD



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