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### **SURGERY HELPFUL HINTS & FREQUENTLY ASKED QUESTIONS (FAQ'S)**

The following list is designed to guide you through the preoperative period, day of surgery, as well as the immediate post-operative period.

- ❖ What are cold therapy devices (cryotherapy) and are they necessary?
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#### **➤ What are cold therapy devices (Cryotherapy) and are they necessary?**

These devices can help decrease pain, swelling, and inflammation after surgery. Even without the devices, you will have numbing medication injected at the end of surgery which typically lasts 3-5 hours; this will give you enough time to return home and start taking your oral pain medications.

The cold therapy devices are used for procedures that are most associated with post-operative swelling and inflammation. The are sterile pads incorporated into the post-operative dressings; the pads are attached by rubber tubing to motorized "igloos" which circulate ice-cold water through the pads. This is a controlled method of applying ice to a post-operative wound. For more minor procedures, you may use an ice bag/pack (or a frozen bag of peas or corn kernels as well), but the penetration through the dressing may not be that high, and care must be taken to *not get the dressings wet*. In addition, you should place a thin towel between your skin and the ice bag to prevent injury to your skin. The cold therapy devices or ice may continue to be used for weeks after the surgery such as after physical therapy appointments.

While these devices may be used for prolonged periods after surgery to control pain and swelling, it is typically good to turn the device off for 20 minutes and allow the knee or shoulder to "warm up" every 3 hours.

***\*\* If at any time there is increased tingling or numbness in the extremity while the cold device is on, or if there is a burning sensation or significant pain with the device on, you must turn off the device and call our office.***

### ➤ **What occurs during my pre-operative visit?**

This will take place a few days before the surgery date. If you are under 18 years of age, your parent or guardian must come with you to sign your operative consent. Please be prepared to inform the physician of any **drug allergies or sensitivities**. Also, please inform the physician of any medications that you are routinely taking. The preparation for surgery (work-up day) includes:

- Medical assistant assessment and pre-op and post-op instructions
- Physical exam and health history (if not completed by your primary care physician)
- Discussion with physician about the procedure, risks and benefits, prognosis, and other options.
- Labwork if indicated, which may include bloodwork, EKG, urine testing.
- Consult with anesthesiologist - this will occur on the operative day unless you have a history of anesthetic complications. Most anesthesia is general (you are asleep) and may be supplemented with regional anesthesia (a nerve injection) for post-operative comfort.
- Confirmation of post-operative cold therapy, brace, CPM (see below) usage.
- Discussion of post-operative physical therapy (instructs you on exercises and crutch ambulating and may fit you with a knee brace).

### ➤ **Reasons to notify your physician Pre-Operatively**

Changes in your general health will affect your surgery. If at anytime prior to your surgery any of the following conditions develop, please notify your physician.

- Symptoms of cold
- Fever and/or chills
- Irritation of eyes, ears, throat, or gums, and any dental problems
- Boils, or skin abrasions or cuts
- Stomach or intestinal illness such as, diarrhea, nausea, and vomiting or blood in stool
- Kidney or bladder changes that include burning with urinating, blood or pus in your urine, and needing to urinate more often or an urgent sensation when urinating
- If there is any possibility that you may be pregnant

### ➤ **Pre-operative Checklist**

- Do not eat or drink anything after midnight unless otherwise instructed by your physician or the anesthesiologist. Your surgery may be canceled if you eat or drink after midnight or as instructed.
- Take routine medications only as directed by your anesthesiologist or physician.
- Leave all jewelry, money, watches and valuables with family. The hospital can not be responsible for your valuables.
- Wear comfortable casual clothing that is easy to get on and off (drawstring-style sweat pants, boxer-style shorts, or loose clothing), and large enough to accommodate a large dressing. Button-top shirts that can be draped over your shoulder are usually best for shoulder surgery, as you may not be able to easily put your arm through a sleeve after surgery.
- Please bring with you on the day of surgery any post-operative braces or cold therapy devices delivered to you by a vendor.
- You may wish to bring reading material or crossword puzzles to occupy your time while you are in the hospital.
- Arrange to have an adult (someone over 18) available to drive you home after discharge, and have someone stay with you at least 24 hours once you are home. You will not be allowed to leave the hospital alone.

- You will be notified the day before surgery by phone the exact time to arrive on the day of surgery. In general, you must arrive 1 hour before your scheduled surgery time.

### ➤ **Day of Surgery**

Check in where you were directed on your pre-operative visit at least 1 hour prior to your operative time (or when directed by hospital staff on day prior to surgery). You will be asked to change into a hospital gown, remove jewelry and contacts. (We suggest you leave your contacts out the day of surgery.) The nurses will check your (pulse, blood pressure and temperature), and ask you a few questions. Once this is completed you will be directed to a waiting area until the operating room notifies the nurses. You will then be taken to the operating room on a cart. The anesthesiologist talks with you briefly, an IV (needle inserted to give you fluids) is inserted, and final preparations are carried out.

### ➤ **Waiting Room**

Your family will be directed to waiting rooms. Medical staff will notify them when your procedure is completed, and how you are doing. They will be directed to the appropriate area once you have completed your recovery room stay.

### ➤ **After Surgery**

When surgery is completed, you will be taken to the recovery room. The usual length of stay in the recovery room is 1 hour, but may be longer according to the surgical procedure and the type of anesthesia.

While you are in the recovery room, the nurses will be checking your blood pressure, pulse, respirations, and temperature frequently. They will also be checking the sensation and circulation in your surgical leg.

You may have a large bandage, a brace or an ice cuff on your knee.

After your stay in the recovery room you will be transferred to an outpatient observation unit. During this final recovery stage your nurses review home-going instructions, obtain prescriptions, and you may be seen by a physical therapist.

Discharge is based upon your recovery from the effects of anesthesia, and if your pain is under control. Your physician determines if you are ready for discharge. If additional observation is required, you may be admitted to the hospital.

## ➤ **Reasons to notify your physician Post-Operatively**

If the following occurs, contact us immediately:

- Swelling, tingling, pain or numbness in your toes which is not relieved by elevating your knee above heart level for 1 hour
- Drainage that is foul smelling, green or yellow, or drainage where there was none before
- Chills or temperature above 38.5° C (101.3° F) or if greater than 38° C (100.4° F) for 24 hours.
- Bright red blood that does not stop and/or is soaking the dressing.
- Nausea that persists more than 24 hours after surgery.

During business hours, please contact my office at 860-525-4469 and I, or one of my assistants, will advise you. After normal business hours and on weekends/holidays, either I or another orthopaedic surgeon will be available on call to help you 24 hours a day, 7 days a week. If you do not receive a return call within 20 minutes, please call again. In case of emergency, you may also proceed to hospital Emergency Department for immediate attention.

## ➤ **What happens at home?**

It is normal to feel drowsy for 24-48 hours after surgery and to require pain medication at regular intervals. These symptoms will gradually subside and each day you will feel less sleepy and painful.

## ➤ **Activity after surgery?**

- Knee Patients:
  - Crutches are used according to the procedure performed. Your discharge instructions will comment on crutch use.
  - Keep your leg elevated with a pillow under your calf (this will encourage full knee extension)
- Shoulder patients - it is typically more comfortable for the first 1-2 wks to sleep in a recliner-type chair with pillows supporting the shoulder. Keep the shoulder brace on at all times unless instructed. For 3 times a day one may remove the sling portion to straighten the elbow to prevent stiffness, but do not attempt to move or elevate the arm more than 30 degrees away from your side. You may use your wrist and hand as much as you'd like for light activities at the waist level, or

- reachable with elbow flexion. You should not attempt to lift anything heavier than a can of soda.
- \*\* I feel it is appropriate to remind you that although the external incisions are quite small, you have nonetheless had a major operative procedure within your joint. Scientific research has shown that shoulder rotator cuff or labral healing takes at least 6-8 weeks, and complete ACL healing can take 10-12 months. Complete healing and recovery will take several months; a graduated rehabilitation program specific to your surgery will be initiated after your first post-operative visit. I will supervise and modify this program as necessary, based upon your individual rate of healing and recovery.

### ➤ **CPM – (Continuous Passive Motion device)**

If this is ordered for you, it will be delivered usually the day of surgery. Occasionally the device does not arrive on the day of your surgery and this is okay. It will usually arrive the following day. Please contact my office if you have not received it within 36 hours of your surgery and my office staff will help determine when the device will arrive.

The company representative will give instructions on operation of the device. You may place your knee in the device (remove post-operative brace gently) as directed. Knee flexion can begin at 0-60 degrees. This can be increased as tolerable, 5 degrees/day. You will typically use this device from 1 to 4 weeks post-op depending on the procedure.

### ➤ **Wound Care and Bathing**

The bandage applied to your incisions may become moist or bloodstained, however this is normal and results from fluid (water) placed in the joint during surgery. Keep your wound and bandage clean and dry. You may need to "sponge" bathe or use a bag to keep your dressing clean and dry until you are permitted to change the dressing. Change any bandage immediately if it becomes wet or bloody.

Knee arthroscopy and shoulder arthroscopy - you may remove the dressings after 48 hours and apply neosporine or other antibiotic ointment to the incisions and apply waterproof Band-Aids or sterile dressings to keep the wounds covered. If all the incisions are arthroscopic (one suture) you may shower after 48 hours, but do not use a bath,

Jacuzzi, or pool for 3 weeks. Re-apply dressings/Band-Aids after showering. If I made an "open" incision (more than one suture) keep dry for 2 weeks, or otherwise instructed.

### ➤ **Pain control**

Applying ice or using the Cold Therapy device (see below) for the first 24-48 hours after surgery will reduce pain and swelling. Elevating your extremity above heart level as much as possible will also reduce pain and swelling. Elevate your extremity after exercises and always at night, with your extremity above heart level.

I typically prescribe Vicodin or Percocet for pain control. **Do not drink alcohol** when you are taking this medication. Take medication 30 minutes before exercises. Eventually pain subsides and Tylenol should control your pain.

If you have tolerated anti-inflammatory medication in the past, you may also use these over the counter medications (Ibuprofen or Naprosyn) as directed on the bottle for the first 3-5 days after surgery to supplement the above medications for pain.

### ➤ **Driving**

Driving instructions from the time of your surgery to your first post-operative visit will be provided to you with your discharge paperwork. If your right leg is operated on, or your shoulder, you will not be safe to drive for probably 4 weeks post-op. Depending on the type of surgery, if more healing-time is required for strenuous activities (i.e. ACL, rotator cuff repair, knee replacement) safe driving may not be allowed till 6 weeks post-op.

### ➤ **Knee Rehabilitation Program**

I will prescribe physical therapy following most knee procedures. Three simple exercises that you should begin immediately after surgery are quadiceps setting, straight leg raises, and ankle pumps. The swelling in your knee after surgery causes "inhibition" of the quadriceps (thigh) muscle from "working". The first two exercises are designed to "re-activate" the quads - the sooner you regain the ability to contract and control these muscles, the sooner you will be able to wean yourself from crutches (provided there are no weight-bearing limitations). Ankle pumps help improve circulation in the legs which

may decrease the risk of blood clots (a.k.a. deep vein thrombosis), which is a rare but serious risk of arthroscopic knee surgery.

### ➤ **Quadriceps Setting**

Lie on your back with your knees straight, legs flat and arms by your side. Place your heel/lower calf area on a towel roll or soft chair so that the area behind your knee is suspended. Tighten the muscles on the top of the thigh (quadriceps), and at the same time push the back of the knee down and hold for 5 seconds. Increase the time you hold this contraction up to 15 seconds, then you can attempt to raise the heel. Hold for 5 seconds, relax 5 seconds. Repeat this exercise 10 times on a firm surface at least 5 times a day.

### ➤ **Straight leg raising**

This exercise is as an extension of the quadriceps set above, and can be accomplished only after being able to hold a quadriceps set for at least 15-20 seconds with your heel on a towel roll. Lie on your back with your operative knee flat and straight. Keep the other leg bent with foot flat on the floor. Slowly raise your operative leg about 6 inches off the floor, keeping the leg as straight as you can. Hold for a count of 5 seconds, then lower the leg. Repeat this exercise 6 times on a firm surface at least 4 times a day. The goal is to be able to contract your quadriceps muscle then lift your leg straight in the air and hold for 10 seconds. Ultimately you want to increase your endurance to 30 seconds. The sooner you regain your quadriceps strength and control by doing these exercises, the sooner you will be able to ambulate without crutches and weakness (provided there are no restrictions from your particular surgery).

### ➤ **Ankle pumps**

Perform this exercise by lying on your back with your operative leg elevated so that it is above the level of your heart. Simply move your ankle from a position where it is pointing all the way down (plantarflexion) to a position where it is pointing all the way up (towards your head, or dorsiflexion). You should do this 10 times per hour while awake.

### ➤ **Shoulder Rehabilitation Program**

I will direct and modify your shoulder physical therapy program depending on the type of surgery you had and your progress. Here are some guidelines:

**Shoulder Repair :** (i.e. rotator cuff repair, labral repair, capsulolabral reconstruction, SLAP repair) will remain in a sling device for 3-6 weeks. During this time you may use your hand, wrist, and elbow for activities at the waist or table level. You may gently remove the brace 3 times a day to straighten your elbow out. Otherwise, you must remain in the brace at all times, including sleep. This brace helps protect the repair and ensure proper healing. Do not attempt to lift or elevate the arm more than 30 degrees from the side of your body. You may also squeeze a ball with your hand or squeeze your shoulder blades together and hold for 10 seconds, 3x/day. Physical therapy starts under my direction, and typically involves assisted range of motion and gentle strengthening exercises for the next 3-5 wks. Do not attempt any exercises on your own without direction/clearance from the physical therapist or myself. See "Active Assisted" program below for safe home exercises, once you've reached this stage.

**Shoulder "Cleanout":** (i.e. decompression, 'spur' removal, debridement, AC joint excision). You will typically be in a sling for comfort for the first 1-3 wks. Your physical therapy will begin within 1 week of surgery. You may begin "active assisted" exercises on your own at home everyday as soon as you are comfortable and pain allows. (see below)

**Active Assisted Range of Motion Program:** The goal in this phase is to regain motion without over-stressing tissues (rotator cuff and labrum) that are still healing. (it takes 6-8 wks to fully heal).

**Shoulder blade shrugs and scapular squeeze** - hold each position for 15 seconds, perform for 10 minutes, 5 times a day.

**Table Slides** - face a table, place your hand on a small folded towel, slide your hand across the table and reach as far as you can (or as far as directed). If you move your chair slightly away from the table, this will enable you to lean your body forward to reach even further across the table. This simulates shoulder elevation. You can also turn your body 45 degrees so the table is partially to your side (as opposed to in front). Performing the same exercises in this position will "stretch" and loosen a different portion of your shoulder

**Wall Slides/Climb** - similar to Table Slides but performed vertically on a wall. First face the wall and place your hand on the wall in front of you. Use your hand to walk or "climb" up the wall. Next, stand with the wall to your side and repeat this maneuver with your arm climbing away from your side. Do not attempt until you are comfortable with Table Slides.

## ➤ **Return Appointments**

Follow-up visits are necessary for your doctor to chart progress, change bandages, check for any complications and evaluate your rehabilitation progress. Typically patients will follow up 6-10 days after surgery.