

ARTHROSCOPY/OPEN SURGERY PRIOR TO SURGERY DIRECTIONS

Handle any personal/business obligations. Depending on the type of surgery, the length of time you will be incapacitated will vary. This will make the post-op period less stressful.

Notify the office immediately if any changes in your physical exam or condition occur after your last appointment at our office. Depending on the change or condition, this could affect your surgery date or outcome.

Wash with surgical soap **5** days prior to procedure. **DO NOT** get it on your face hair, or eyes. Rinse off all surgical soap. **DO NOT** shave surgical extremity within 48 hours of procedure.

* If you take anticoagulants you must hold these prior to hospital or office surgery - Aspirin/Plavix stop **7** days prior to surgery. Coumadin stop **3** days prior to surgery. You must stop taking all non-steroidal anti-inflammatory medications which contain any of the following **7** days prior to surgery - Ibuprofen, Motrin, Aleve, Celebrex, Indocin, Mobic, Naprosyn, Garlic, Vitamin E, Voltaren gel, Flector/ Medrox patch, to include topical NSAIDs (Terocin) to the surgical area, etc. do not drink alcohol within 24 hours of your surgery, as this will act as a blood thinner.

* Do not eat or drink after midnight the night prior to surgery. Certain medications will need to be taken with a sip of water the morning of surgery. Ask the pre-op nurse at the surgery center which medications to take. You may brush your teeth.

You **MUST** have a driver to, and from surgery and to and from your 1st Post-op appointment. This person **MUST** be a family member/relative, close friend. Please be sure that the person bringing you to your surgery/appointments speaks English, or have a translator available. You are **NOT** to drive while taking narcotic medications, or until released by your physician.

* Do not forget your crutches, if applicable. They do not have crutches at the surgical center, and they will not discharge you without them. **IT IS YOUR RESPONSIBILITY TO FILL ALL PRESCRIPTIONS PRIOR TO YOUR SURGERY, AND TAKE THEM WITH YOU TO THE SURGERY CENTER FOR THEM TO REVIEW.**

Your **Physician** will contact you after surgery to address any further questions from the day of surgery.

Physical therapy and rehabilitation may begin as soon as 1 - 2 days post surgery or may be delayed **based on MD determination**. Patient is expected to fully completely with postoperative instructions and rehab protocols for optimal recovery.

NORMAL FINDINGS FOLLOWING SURGERY

Dr. Gilmore would like all his patients to be educated and informed of the findings considered normal following surgery or a fracture. Along with these findings he would also like to recommended treatment options for the following:

Dr. Gilmore's staff has emergency lines that are available to all postoperative patients. If an emergency should occur post operatively, please contact one of the staff below prior to contacting the office.

Jessica Brooks LPN - Phone: 850-902-1029 or Rebecca Fisher LPN - Phone: 850-902-1376
Please keep in mind these are EMERGENCY ONLY LINES

Swelling/Edema/Pain is expected – elevate the extremity above the level of the heart and apply ice/cool packs 30 minutes per hour, this is to control swelling which is a major contributor to increased pain. This may be performed if a splint is present – do not get the splint wet. Place a towel over the splint and then ice/cool pack.

Pain meds may not completely stop the pain. They are prescribed to keep the pain at a manageable level. Take your medications as prescribed without “breaks” between. Alternate your pain medication and your anti-nausea medications as directed (every 2 – 3 hours). Complete all antibiotics as directed. Begin taking oral pain meds immediately following surgery even though a nerve block has been performed during surgery. The combination of the two will provide more consistent pain control.

Do not remove the surgical dressing for 1 – 2 days after surgery or until your 1st post-op visit at the office. The area must then be kept clean and dry. Some redness and drainage may be noticed following surgery. If a brace/splint/etc. is ordered it must be worn as instructed by the MD.

Do not submerge the wound in water or a bathtub. Do not get in bathtub. You will need to “sponge bath” if necessary until otherwise directed by staff at your 1st postoperative visit.

You may feel dizzy, lightheaded, sleepy, nauseous, or even vomit after surgery. **Do not** be alarmed (if vomiting doesn't stop after 8 hours, call nurse line). Do not make any sudden movements, or stand quickly, as you may fall. Have a family member assist for basic needs.

Do not sign any consent forms for 24 hours post-op due to anesthesia.

If you have chest pain, shortness of breath, difficulty breathing, swelling of the face, mouth, or throat call 911 or go directly to your closest ER.

Notify office immediately of the following – temperature greater than 101.5 degrees orally, large amount of foul smelling drainage, excessive bleeding, incisions which have opened (popped sutures), intolerable pain not decreased by the pain medications and other above mentioned interventions, deep blue/purple/black discoloration to the digits of the affected extremity and/or extremely cold digits.