

Planning Before Your Surgery

Special Tests

It is most likely that you have already had x-rays by your family doctor or in our clinic. If necessary, you may have to undergo other tests such as an arthrogram, MRI (magnetic resonance imaging), EMG (electromyography), etc.

Pre-Operative Physical Therapy

Many patients have had a trial of physical therapy as part of their prior treatment. For certain surgical procedures we may recommend a visit to the physical therapist to learn specific exercises which are to be performed after surgery.

General Medical Check-Up

For individuals who have a history of certain medical conditions (for example heart ailments or lung disease), a visit to a primary care physician may be recommended. This gives your doctor an opportunity to identify any potential health risks and correct them prior to surgery. In some cases surgery needs to be postponed while further testing or treatment is initiated.

Herbal Supplements/Weight Loss Products. The use of any weight loss products or herbal supplements must be discontinued ***1 week prior to surgery.*** These products can interfere with bleeding control and anesthetic medications.

The Night Before Surgery

You should not eat or drink anything after midnight. This is a precaution to avoid anesthetic complications.

Your Surgery

Check In

You will have to register at the hospital on the day of surgery. The specific time and location will be given to you during your office visit or by mail. Please be prompt! Failure to arrive on time unnecessarily delays not only your surgery but those who are having surgery after you. If you are significantly late your surgery will be canceled. You will be asked to arrive at least 2 hours before the actual surgery time to allow for the registration process, pre-operative testing, and consultation with the anesthesiologist. After you have registered a nurse will check you into the surgical holding area. She (he) will ask you several questions relating to your past health and take your temperature, blood pressure, etc. You will then be asked to change into a hospital gown.

Anesthesia

The nurse will start an intravenous (I.V.) line which will be used to deliver medications to your bloodstream during and after surgery. Immediately before surgery the anesthesiologist will discuss the details of your anesthetic. Any questions you have regarding anesthesia should be addressed to the anesthesiologist.

Surgery

After you have been prepared, the nurse from the operating room will take you to the surgery area. You will be asked to wear a surgical cap to cover your hair. After being checked in a second time you will be wheeled into the operating room (Please note that you will be asked many of the same questions on several occasions. This is merely to prevent any important information from “slipping through the cracks”.)

The surgical team is composed of the surgeon, his assistant(s), 2 to 3 nurses or surgical technicians and the anesthesiologist. The temperature in the room is typically lower than normal and warm blankets will be provided. Once the anesthesiologist is prepared he will administer medicine which will make you feel relaxed. Afterwards, more medicine will cause you to fall asleep. Surgical time varies from case to case but we will make a time estimate for your family so they can plan appropriately. After surgery your physician will talk to family members to update them on your surgery. Please make sure that family members are available at this time.

Post-Anesthesia Recovery Unit (PACU)

When you awaken from the anesthetic you will be in the PACU. A nurse will be assigned to monitor your progress and address your needs. After you have stabilized you will be transferred to your room or the second stage recovery area in preparation for discharge. It is only at this time that your family members will be able to see you. Family members are not allowed in the main recovery room because of the need to maintain the privacy of other patients.

Medications and Pain Management

Remember for the first 24 to 48 hours it is wise to stay ahead of your pain. Don't be too timid or proud to take your medication regularly during this time.

The following is a list of the common medications prescribed:

Narcotic pain relievers (ie: Vicodin, Lortab, Darvocet) alter your perception of pain. These medications can make you feel sleepy therefore you should not drink alcohol, drive, or operate machinery while taking them. Narcotic pain relievers can cause nausea, particularly if taken without food. Always take your medications with food. Additionally some patients will notice constipation. To minimize this be sure to drink plenty of fluids, especially fruit juices. Once your pain has reached a more manageable level you may switch to using an over-the-counter medication as directed.

Anti-inflammatory medications (ie: Relafen, Toradol, Naprosyn, Celebrex) will help with swelling, stiffness, and pain.

These medications can cause stomach upset and rarely ulcers. They too should be taken with food. If stomach irritation occurs Pepcid AC can be taken in conjunction with the medication. If stomach irritation persists or if you notice blood in your stools, immediately discontinue the medication and call our office.

Wound Care

In surgery we apply a sterile dressing sealed with a plastic protective covering. You do not need to change the dressing. Leave the dressing on until you return for your first visit after surgery. You **may** shower with this type of dressing, however, you **may not** submerge it in a bath tub or a pool. If your dressing should accidentally come off or get wet call our office. In many cases a small amount of blood will be soaked up by the gauze resulting in a red spot. This is normal. If the dressing is saturated with blood, however, you should call our office.

Physical Therapy

At some point, you will be given physical therapy exercises, which will be individualized based on your type of surgery and any special circumstances. Therapy is every bit as important to your recovery as the surgery itself. Be sure to perform your exercises diligently as instructed. If you are scheduled to stay overnight, a physical therapist may be assigned to see you the next morning

to do therapeutic exercises at your bedside. Otherwise, you will see a physical therapist on the same day as your first post-operative physician visit.

Sleeping

You may notice trouble getting comfortable at night, which can last several weeks. You may sleep on the operated side; this will not damage anything repaired during surgery. However, you probably should not try this for a while because it will be uncomfortable.

Common Problems

Pain

Some degree of pain is anticipated with any surgery. Once you have begun to experience the pain treat it promptly and stay ahead of the pain by regularly taking pain medicine. A common mistake is to wait too long between doses because the pain level seems reasonable. The medicine works much better to prevent the pain rather than treating the pain once it has occurred. Take it regularly for the first 24-48 hours.

Remember some pain is normal! However, your pain should diminish day to day. If you notice worsening pain after several days call the office.

Nausea and Vomiting

Nausea and vomiting can occur for several reasons. In the first 24 hours the anesthetic agents you received during surgery can make you nauseous. The anesthesiologist typically administers anti-nausea medications, however, patients can still become nauseated. If you experience nausea at home it may be related to one of your pain medicines. All of the narcotic medicines (i.e. Lortab) can cause nausea particularly if you take them on an empty stomach. **Never take your pain medicine on an empty stomach.** Once you become nauseated you may not be able to take your medicines and it may be necessary to take rectal suppository anti-nausea medicine.

Change in Appetite and Bowel Habits

A temporary loss of appetite is observed in some patients. This is typically short lived and improves as you recover. Constipation is commonly associated with a decrease in your activity and your pain medications. The narcotics are especially constipating. You should drink more fluids than usual, especially fruit juices.

Bruising

After two or three days you may notice significant bruising in your upper arm and sometimes into your chest. This is normal. The blood from the time of surgery slowly leaks out of the deep tissues and takes the path of least resistance under the skin. Because of gravity it ends up going down the arm. Swelling is also expected. Swelling in the shoulder and arm is typical and occasionally the hand and fingers can be effected. The Cryo/Cuff minimizes swelling.

When to Call The Doctor

Fever

A low grade fever below 100° F is common. A temperature above 101 ° F, especially if it persists after the first 48 hours after surgery should be reported.

Pain

Pain is expected after surgery. Your pain can be aggravated if you fail to take your medicine as directed or if you are overactive after surgery. If your pain is steadily increasing over consecutive days despite all of the normal pain control measures call our office.

Wound Care

You should expect some minor bloody drainage to be visible on the dressing. The dressing acts as a wick, therefore, a small amount of blood can make moderate sized spot on the dressing. If your dressing becomes soaked with blood or if you notice any pus drainage call our office.

Important Numbers

Methodist Sports Medicine Center office hours are from 8:00am to 5:00pm Monday through Friday and 8:00am to 10:00am Saturday. The clinic is closed for official holidays.

General clinic telephone number:

Indianapolis: 317-817-1200

Toll Free: 800-867-9250

FAX number: 317-817-1220

Answering Service: 924-8636 - After hours call the answering service and ask for your physician

Physical Therapy: 817-1200 (North)

Clinic billing department: 317-817-1236 (Rose Ambs)