Post-Operative Information

Richard A. Bernstein, M.D.

Your post-operative recovery period is an essential part of the entire process of surgery and a return to optimum function. Your recovery is very important to me and I know it is important to you. I discussed your recovery period with you at the time we decided that surgery was the option for you, but I want to give you some written guidelines and instructions to take home. I think that these will help you through your recovery period.

I will discuss the nature of your surgery, the findings, and what I think that the future holds when you come in for your first post-operative checkup. For now, here are some instructions for a successful recovery!

1) Pain is usually one of a patient's first thoughts about surgery: Is this going to hurt? How much is it going to hurt? I know that post-operative pain is important to you and I want you to know that it is important to me, too. I have studied the postoperative pain of my patients for several years and have worked out a system that has been highly satisfactory to the patients. I will almost certainly give you a long-acting numbing shot just before we leave the operating room. This means that your arm or hand should be profoundly numb for about 8 to 12 hours after surgery, and somewhat numb for longer. Do not let this alarm you. Numb right after surgery sounds like a great idea to me!

2) You should already have filled a prescription for post-operative pain medication that is prescription-strength. This is usually Vicodin or Tylenol with codeine. (If you have not gotten it filled, please do so, even if you think that you will not need it. I would hate for you to have to send someone out in the middle of the night if your hand starts to hurt!). The chief side effect of the prescription strength pain relievers is constipation, and they have other side effects (drowsiness, addiction, etc.). Use the prescription-strength medication only if needed. Don't take it just because I gave it to you. Many patients find that the long-acting numbing shot and elevation are all they need. Take it only if you need it. If you truly need it, take it and don't be overly concerned. I just don't want you to take it unnecessarily. Use it only as directed on the bottle. If you are taking Vicodin or Tylenol #3, note that it has Tylenol in it, take that into account and do not take the maximum dose of Tylenol in addition.

3) In non-fracture cases, you can also try anti-inflammatories such as Motrin, Aleve and Advil. Obviously if you have a known allergy to these medications or have any history of ulcers or stomach bleeding you should avoid these medications. On the other hand, the anti-inflammatory nature of these medications can help diminish post-operative pain. For cases involving bone work, fusions or fractures, please avoid anti-inflammatories. Some studies have suggested that...
these medications interfere with the early phase of bone healing and will therefore interfere with the success of your surgery. Furthermore, cigarette smoking has the same negative effect on these types of surgeries, so please, not only for the overall health benefits, please stop smoking for any type of bony procedures.

4) My patients tell me that elevating their arm above the level of their heart is more effective in relieving pain than any medication. Elevation also helps to prevent swelling, which will decrease your ability to move your fingers later on. Therefore, keep your arm elevated above your heart for two to three days after surgery. If putting it up at shoulder level is not sufficient to help the pain, put it up higher (the “Statue of Liberty” position). I know that it is hard to keep your arm elevated once you fall asleep. Just do the best you can. A sling does not keep your hand above your heart, so I usually don’t recommend one unless you cannot control your arm due to the anesthetic.

5) You should already have a follow-up appointment card given to you by the nurse in the recovery room, usually about 7-10 days after your surgery. If not, please call the office to schedule one. We try to make this appointment in the office most convenient for you; however, this visit is generally to also remove the sutures. The 7-10 day period is generally the best time to maximize healing and minimize scarring.

6) Keep the dressing clean and dry. Use a plastic bag while showering.

7) You will also usually get an appointment card with the hand therapist. This visit is anywhere from 2-10 days depending upon the surgery performed. The therapist will usually be the first one you will see after surgery. They will remove the dressing, check the wound, place a smaller dressing and instruct you on what you can and cannot do. They will also teach you exercises to do to begin your therapy. You can get your incision wet once we remove the sutures. Do not get it wet in a pool, tub, lake, aquarium, etc.

8) A little swelling and redness is normal. If you have redness, swelling, or drainage like an infected scratch or pimple, this may not be normal and may be a sign of infection. If you still have a question, you should call the office and discuss it with me.

9) A fever greater than 101.5°F is abnormal. If you think that you have a fever, take your temperature with a thermometer. Call me if it is over 101.5°F.

10) You will usually get some black and blue discoloration around the area of the incision. It will travel down your arm over the next few days (from gravity and elevating your arm). This is normal and comes from blood seeping through the tissues. If you feel that it is an abnormal amount, call me.
11) Nausea and vomiting are unusual after hand surgery, due to the nature of the surgery and the nature of the anesthetics that we use. Most often it is occasioned by eating just before leaving the hospital and then bouncing around in a car. Give yourself some time between eating and leaving the hospital. If you get nauseated or vomit, give yourself some quiet time and it usually resolves.

12) I have tried to cover the usual questions that my patients have asked me over the years with the usual answers. I cannot cover all questions and all situations. Use your judgment: complications are rare, and serious complications are very rare. If you need to call, try to do so during office hours, but I am always available to help you or discuss your recovery with you.

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