Peri-Operative Information

Richard A. Bernstein, M.D.

Most hand surgery is performed on an outpatient basis. I operate at the Guilford Surgery Center, CO Branford Surgery Center and Yale New Haven Hospital. My secretary will contact you and will find the time and location that works best for the surgery, as well as getting approval from your insurance company. I feel equally comfortable at all facilities to do surgery. If you have any questions, please talk to me or my staff. Unfortunately, the surgical facilities do not tell me until the day before what time your surgery will be. The facility will call you the day before surgery, tell you where and when to come and will give the details.

Wide awake surgery: Most hand surgeries are done via a wide-awake procedure known as WALAN. In these surgeries, patients can stay on ALL their normal medications including anti-inflammatories and anticoagulants. Under wide awake surgery, you can typically have coffee, tea or juice in the morning.

General Anesthesia: For five to seven days before surgery, you should stop taking Aspirin or anti-inflammatories such as Advil, Aleve, or Motrin unless recommended otherwise by your primary care doctor or cardiologist. These medications can prolong your bleeding and can lead to complications. If it is medically safe, you should avoid these medications, Tylenol (Acetaminophen) is usually okay. Though you can request the specific time for surgery, unfortunately, this is usually outside of our control. As with any surgical procedure, you should not eat or drink after midnight the night before, but this includes coffee, orange juice or even water in the morning. For most surgeries, daily medications prescribed by your regular physician can be taken with a sip of water that morning, but please discuss this with me or my staff if you have any questions.

To assure your understanding, I recommend an appointment in the office to again discuss the surgery, risks and benefits and answer any questions that you have. You will also see me that day of surgery, so if any questions come up, we will answer them then. Though the surgery is quite safe, there are risks that do go along with this. These risks include the risk of anesthetic agents, infection, nerve, vessel, or tendon injury, stiffness, and pain. Usually, surgery goes very well and the success rate is high but unfortunately, the results of surgery cannot be guaranteed.

For larger or bony surgeries, we will administer an intravenous dosage of an antibiotic at the time of surgery; this does keep the risk of infection under 1%. These procedures are considered “clean” procedures and if you have artificial joints or heart valves, the antibiotic that is given at the time of surgery will generally suffice unless the surgeon who implanted your device has told
you otherwise. For less invasive surgeries, scientific studies have not demonstrated a benefit or need for prophylactic antibiotics.

After surgery, you will leave in a very large bulky dressing that looks like a boxing glove. When you come to surgery, please wear a loose-fitting garment because the dressing is big. It is intentionally made this way to help control swelling. Usually, the therapist will remove it in two days, at which time you will be placed in a smaller dressing to begin range of motion. For a complex surgery, the dressing may stay on for 5 to 10 days, but this will be clearly noted in your postoperative appointment cards.

When you leave surgery, you will have a packet that includes a prescription for pain medication, two appointment cards; one to see the therapist for the dressing and the second to see me for your first check. You will also be given a series of instruction sheets that are also included on this website under post-operative instructions.

Copyright © 2020, Connecticut Orthopaedics All rights reserved.
Revised 3/1/19