KELLER ORTHOPEDICS

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Sports Medicine and Arthroscopic Surgery
Orthopedic Surgeon

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Preparing For Surgery

Surgery: _____

Date of Surgery: _____

Contents

Ascension Providence Rochester Hospital (Level 1)

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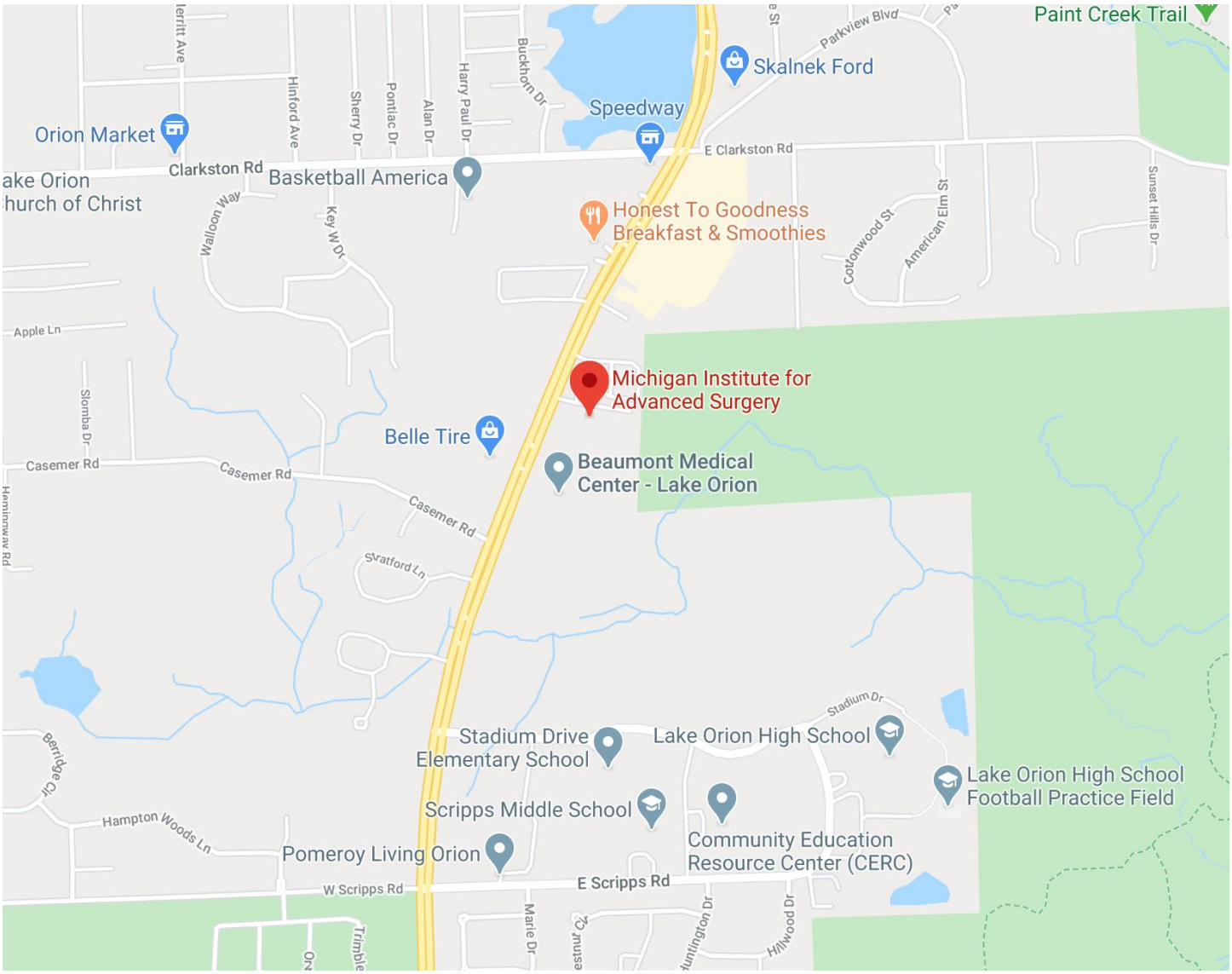

Preparing for Surgery

Preparing mentally and physically for surgery is an important step toward a successful outcome. Understanding the process and your role in it will help you recover more quickly and have fewer problems.

• Discuss any medications you are taking with your primary care doctor to see which ones you should stop taking before surgery.

- If you are taking aspirin, anti-inflammatory medications, or any blood thinning medications (Warfarin/Coumadin, Plavix, Xarelto, etc.) you will need to stop them one week prior to surgery to minimize bleeding.

• If you have any tooth, gum, bladder or bowel problems, have them treated prior to surgery to reduce the risk of post-operative infections.

- Report any type of infection to your surgeon prior to surgery; surgery cannot be performed until all infections have cleared up.

• If you smoke, you should stop or cut down to reduce your surgical risks and improve your healing process.

• You will be going home the same day of surgery, so be sure to arrange for someone to drive you to and from surgery as well as someone to help out with everyday tasks like cooking, shopping and laundry if needed.

- Put items that you use often within easy reach before surgery so you won't have to reach and bend as often.

- Remove all loose carpets and tape down electrical cords to avoid falls.

• **Ice machines** are not covered by insurance. They are not necessary for your recovery process, but if you are interested in one, we can order one for you for $135.

• **Continuous passive motion (CPM) machines** are only recommended for hip arthroscopies for labral repairs. A stationary bike can also be used in place of a CPM machine.

- We do not typically recommend them for shoulder arthroscopies or knee arthroscopies.

The Day of Surgery

What to bring with you the day of surgery:

- Photo ID and insurance card

- Crutches, walker, sling or brace (if you were fitted prior to surgery)
  - If you do not have these devices prior to the day of surgery, they will be given to you that day before you are discharged.

- Dress appropriately
  - Please make sure that any clothing you intend to wear during your stay/upon discharge is large enough to fit over your surgical dressing on your operative extremity.
  - Clothing like zip up/button up shirts and shorts or wide leg sweat pants are preferred.

- Friend or family member

- Leave the following at home: jewelry, money, valuables

What to expect when you arrive to the hospital:

- Depending on the location of your surgery, they will have you arrive 1-2 hours prior to you scheduled surgery time. They will call you the day before surgery to notify you of your scheduled surgery time as well as your arrival time.

- Once you arrive, you will check in at the surgical registration desk. There you will be directed to the pre-operative area where you will prepare for your surgery. Your family member/friend(s) may come back with you in the pre-operative area as you prepare and wait for your surgery. You will meet your nurse and other assistants that will be in the room with you that day.

- An intravenous (IV) line will be started in your arm so fluids and medications can be administered.

- You will then meet with the anesthesiologist and their team to discuss what type of anesthesia will be best for you.
  - Anesthesia typically includes a combination of a nerve block for your operative extremity and general anesthesia. If you get a nerve block, it will be performed in the pre-operative area. General anesthesia will be given once you're back in the operating room.

- You will meet with Dr. Keller in the pre-operative area before you go back to the operating room.
  - He will mark your surgical site and will discuss any last-minute questions or concerns that you have before proceeding with surgery.

Nerve Block

What is a nerve block used for?

The nerve block is an anesthetic used in conjunction with sedation for your surgery. The nerve block heavily numbs the arm or leg (similar to how a dentist numbs your mouth) so that surgery can be done without heavy general anesthesia. Another goal of the nerve block is to provide excellent pain relief for anywhere from 12 hours to 2 days following surgery.

The benefits of a nerve block include:

- Reduced risk of nausea, vomiting and sedation, allowing you to tolerate eating and drinking sooner after surgery
- Excellent pain control
- Lighter sedation or general anesthetic with speedier recovery from the anesthetic
- Less chance of an overnight stay at the hospital

Pain control with a nerve block:

- The block usually numbs your entire arm and makes it unusable until the block wears off (12 hours to 2 days).
- The nerve block technique used is a catheter that can last up to 2 days. The duration of the numbness can vary and is dependent on the type of local anesthetic used, additives and individual variations.
- Once the numbness starts to wear off, the discomfort from surgery will intensify progressively over the following 1-2 hours. Therefore, we recommend starting oral pain medications/anti-inflammatories as soon as oral medications are tolerated. These medications should be taken on a scheduled basis as soon as you start feeling tingling in your arm or fingers. The tingling sensation means the block is starting to wear off. If you don't notice the tingling sensation prior to going to bed, it may be recommended to take the prescribed medications prior to falling asleep. This will allow for a smooth transition from the nerve block to oral medication for pain relief.

Management of your numb arm or leg:

- You should have your "numb" arm or leg in a sling or knee brace locked in extension until normal sensation and motor function returns and/or until Dr. Keller instructs you to stop wearing it.
- You should take caution to not come in contact with extremely hot or cold items because you will not be able to protect yourself from injuries of extreme temperature.

Nerve Block (cont.)

Management of the catheter:

- It is very easy for the catheter to get pulled out, so be vigilant on the force placed on the catheter. Should the pain pump get pulled out, it cannot be re-inserted and should be completely taken out if disrupted.
- If medication is leaking from the catheter, this can mean that the catheter has been pulled out.
- Do not get the area of the catheter wet while bathing.
- The catheter can be removed by simply pulling out the small wire/tubing.
- Once removed, the catheter pump must be returned.

Possible side effects:

Using a nerve block is considered safe, however, with any procedure, there can be risks and side effects. Most of the side effects are related to the local anesthetic spreading and numbing the nerve adjacent to the ones that supply the shoulder/arm. Any of the following can occur, but ***all should resolve spontaneously*** as the effects of the local anesthetic wear off.

- Shortness of breath: the injection in the neck can also numb half of the diaphragm (a muscle used in breathing). Some people can feel slightly short of breath, although in most individuals this does not greatly affect the ability to breathe adequately.
- Blurred vision: numbing of a nerve traveling to the face can cause a drooping eyelid, change in pupil size and slightly blurred vision on the side of the block.
- Hoarseness: this is due to the nerves supplying the voice box being numbed.
- Difficulty swallowing water: "lump in the throat" this is due to the nerves supplying the voice box being numbed.
- Nerve sensitivity: very rarely, some subtle numbness or tingling in the extremity can last more than 24 hours but should fully resolve within 7-10 days. If either weakness or numbness lasts more than 24-36 hours following your surgery, notify the anesthesiologist.
- Muscle weakness
- **These symptoms are normal and will wear off as the block wears off**

Your anesthesiologist will further discuss the nerve block and the options of sedation along with general anesthesia on the day of your surgery

Post-Operative Medications

- After your surgery and as you begin your medication regimen, *start with clear liquids* and light foods (jello, soup, etc). If you are not nauseated, you may progress to your normal diet.

- The pain medications you were given act on different pain receptors – these should be taken as directed on the bottle starting the day of your surgery until they are gone, with one exception: Oxycodone should only be taken if the other medications are not relieving your pain. *You will find an attached medication calendar to follow as an example*.

- Primary Medications:
  - 1. **Acetaminophen (Tylenol) 1,000mg**: Take (2) 500mg tablets every 8 hours scheduled
  - 2. **Tramadol (Ultram) 50mg**: Take one tablet every 8 hours scheduled
  - 3. **Diclofenac 75mg**: Take one tablet twice a day scheduled
    - Alternative: Meloxicam (Mobic) 15mg daily
  - 4. **Gabapentin (Neurontin) 200mg***: Take (2) 100mg tablets every 8 hours scheduled
    - **Depending on your procedure, you may or may not be prescribed Gabapentin*

  ---------- *Take medications above as scheduled until they are gone*----------

  - 5. **Oxycodone 5 mg**: Take 1-2 tablets every 4 hours as needed
    - ***Only take this medication if the other scheduled pain medications are not adequately controlling your pain.***

- Common side effects of Oxycodone include nausea, drowsiness and constipation. To decrease these side effects, take with food. If constipation occurs, consider taking an over the counter laxative.

- If you are having a problem with nausea and vomiting, you can take your anti-nausea medication **Zofran**. If you are still having issues, please call our office for a possible medication change.

- Some patients undergoing certain procedures may receive a five day course of an **antibiotic**.

- Some patients undergoing lower extremity procedures may receive a seven day course of an **anticoagulant (aspirin)** to prevent blood clots. If you were taking any anticoagulation prior to surgery (Xarelto, Plavix, Coumadin, etc.) you can resume after surgery per instructions from your prescribing physician.

You will receive all of your post-op medication prescriptions on the day of surgery

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Post-Operative Medication Schedule

SAMPLE

Surgery	Day #1	Day #2	Day #3	Day #4	Day #5	Day #6
AM Surgery! **PM** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)*	**Breakfast** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)* **Lunch** Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg *(Oxycodone if needed)* **Dinner** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)*	**Breakfast** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)* **Lunch** Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg *(Oxycodone if needed)* **Dinner** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)*	**Breakfast** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)* **Lunch** Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg *(Oxycodone if needed)* **Dinner** Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg *(Oxycodone if needed)*	**Breakfast** Tylenol 1,000mg Diclofenac 75mg *(If needed: Tramadol 50mg & Gabapentin 200mg)* **Lunch** Tylenol 1,000mg *(If needed: Tramadol 50mg & Gabapentin 200mg)* **Dinner** Tylenol 1,000mg Diclofenac 75mg *(If needed: Tramadol 50mg & Gabapentin 200mg)*	**Breakfast** Tylenol 1,000mg Diclofenac 75mg *(If needed: Tramadol 50mg & Gabapentin 200mg)* **Lunch** Tylenol 1,000mg *(If needed: Tramadol 50mg & Gabapentin 200mg)* **Dinner** Tylenol 1,000mg Diclofenac 75mg *(If needed: Tramadol 50mg & Gabapentin 200mg)*	**AM** Tylenol 1,000mg Diclofenac 75mg **PM** Tylenol 1,000mg Diclofenac 75mg
*If you become nauseated at any time during your post-operative period, take Zofran every 4-6 hours as needed			*If pain is controlled, discontinue Tramadol and Gabapentin			Starting Day #7, continue Tylenol and Diclofenac until you run out of medication

Procedure Specific Post-op Instructions: What to Expect

After your surgery, you will receive detailed, specific instructions based on the procedure that was performed. Here is a general guideline of what to expect post-operatively based on the **MOST COMMON** procedures performed:

1. **Shoulder**:
    a. Rotator cuff repair: sling for 4-6 weeks after surgery, no lifting for 6 weeks, back to most things by 3 months [expect physical therapy for about 3 months]

    b. Labral repair: sling for 4 weeks after surgery, return to sport by 6-8 months [expect physical therapy for about 3 months]

    c. Proximal bicep repair: sling for 4 weeks after surgery, no lifting for 6 weeks [expect physical therapy for about 2 months]

    d. Total shoulder replacement: sling for 4 weeks after surgery [expect physical therapy for about 3 months]

2. **Elbow**:
    a. Medial/lateral tenoplasty: splint for 1-2 weeks after surgery, then removable wrist splint to be worn at all times for 4 more weeks to restrict wrist range of motion [expect physical therapy for about 6-8 weeks]

    b. Distal bicep repair: splint for 1-2 weeks, hinged elbow brace with progression of motion for 6 weeks [expect physical therapy for 2 months]

3. **Hip**:
    a. Labral repair: partial weight bearing (50%) with hip abduction brace and CPM machine/stationary bike for 3 weeks post-operatively. After surgery, return to sport by 3-4 months [expect physical therapy for about 2-3 months]

4. **Knee**:
    a. Menisectomy: full weight bearing, no brace needed, return to sport by 2-4 weeks [physical therapy typically only required if stiff or weak at your first post-op visit]

    b. Meniscus repair: non-weight bearing for 4 weeks after surgery, hinged knee brace locked from 0-90 degrees for 4 weeks after surgery, return to sport by 4 months [expect physical therapy for about 2-3 months]

    c. ACL reconstruction: full weight bearing (may need crutches to assist the first few days), hinged knee brace for the first 1-2 weeks, return to sport by 6-8 months [expect physical therapy for about 3-4 months]

These are GENERAL guidelines on what to expect in your recovery process; every patient has a different timeline, but this can help you plan post-operatively.

Your First Post-Operative Appointment

- Your first post-operative appointment should be about 7-10 days after surgery.

- You will typically see one of the physician assistants for your post-operative appointments.

- The main things we discuss at your first post-operative visit include: wound check, pain control and starting physical therapy.

Contact Information

Post-Operative Emergencies:

- Contact Dr. Keller/his staff if any are present:
  - Painful swelling or numbness
  - Unrelenting pain
  - Fever (>101) or chills (it is normal to have a low-grade fever after surgery)
  - Redness around the incision
  - Color change in toes or feet
  - Continuous draining/bleeding from the incision (small amounts are completely normal)
  - Difficulty breathing
  - Excessive nausea

****If you have an emergency, please contact Dr. Keller/his staff before going to a hospital or emergency room.*

Follow-up Care/Questions:

- If you do not already have a post-operative appointment, please call and make an appointment 7-10 days after surgery.
  - Rochester – (248) 650-2400
  - River District – (810) 329-1250
  - Tawas – (989) 362-1015

- Surgical Coordinators/Administrative Assistants:
  - **Katharyn Chernicky** (Rochester) – (248) 659-0190
  - **Cindy Stefanski** (River District) – (810) 329-1250
  - **Labecca Chrivia** (Tawas) – (989) 362-9898

- For post-operative questions and concerns, please contact:
  - **Aimee Fox**, Physician Assistant (Rochester) – (248) 217-9663 or afox@DL-ortho.com
  - **Maggie Skiba**, Physician Assistant (Rochester) – (989) 884-2343 or mskiba@DL-ortho.com
  - **Caila Coale**, Physician Assistant (River District) – (810) 329-1250 or caila.coale@ascension.org
  - **Molly Minard**, Physician Assistant (Tawas) – (989) 362-9898
  - **Dr. Keller** – rkeller@DL-ortho.com

For more information, please refer to:
www.KellerOrthopedics.com