

POST-OPERATIVE INSTRUCTIONS
KNEE/HAND/WRIST SURGERY

You have an appointment to see the doctor: Date _____ Time _____

- **Observe operative area for signs of infection: Which would be fever of 101.0 f or greater, excessive pain, Redness/swelling at or around incision site, foul odor to drainage. Observe operative limb for discoloration, increase in pain or a feeling of numbness, your dressing may be too tight and may need to be loosened slightly.**
- Some bleeding is normal. **Report excessive bleeding to your doctor.**
- Keep operative area clean and dry. Do not remove dressings.
- Keep surgical site elevated on pillows, to be kept above heart level. (3 pillows under foot and 2 pillows under knee is recommended for knee surgeries.3 pillows Under hand and 2 under elbow for hand or carpal tunnel surgery.)
- Apply cold therapy as demonstrated for at least 4 days following surgery, use at night if tolerated as well.
- Fill any prescriptions issued to you and start medications as soon as possible, Take prescribed medications as directed on label.
- **Avoid aspirin containing medications:ie, Emprin, Anacin, Excedrin,Bufferin** May take Tylenol or extra strength Tylenol in place of prescribed medications. (Please do not take in addition to prescribed pain medications, Most pain medications already have Tylenol in them and you want to avoid taking it in excess) Please call your doctor if there is any questions
- You may sponge bathe. May shower after 3 days. **No tub baths, hot tubs, saunas for 3 days**
- **Diet: Start with liquids and advance to solids if liquids are tolerated with out nausea or vomiting.**
- **Last Pain medication given at:_____ next dose in 4-6 hours as prescribed**

Anesthesia/Anesthetic medications will be in your body up to, but not limited to 24 hours. For the next 24 hours do not: Smoke, drive or operate machinery or power tools, drink alcoholic Beverages, Take any medications unless approved by your physician/surgeon, make important Decisions or sign legal documents assume the role of caretaker for another individual and do Not remain alone. Have a responsible adult with you.

Other instructions: _____

IF ANY PROBLEMS ARISE OR IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CALL YOUR DOCTOR IMMEDIATELY OR GO TO THE EMERGENCY ROOM NEAREST YOU.

Carrillo Surgery Center has advised me to arrange for transportation from Carrillo Surgery Center to my home or other final destination after my procedure. I agree not to operate my own, or any other vehicle from Carrillo Surgery Center and agree to arrange for transportation to my home or Other destination after my procedure is completed.

I ACKNOWLEDGE AND AGREE TO THE ABOVE :

PATIENT/ESCORT

SIGNATURE _____ **DATE** _____ **WITNESS** _____

