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Upper Extremity Post-Operative Instructions

Pain Medications:

A prescription for pain medication (usually a mild-moderate narcotic) will be sent to your pharmacy. Per practice policy, narcotic refills are not allowed to be given over the phone on weekends or after office hours.

Nausea/Vomiting:

Sometimes after surgery, patients have nausea or vomiting. A medicine has been prescribed for this. If you do not have nausea or vomiting, you do not need to have this prescription filled.

Diet and Comfort:

Return to your regular diet as tolerated. Begin with light or bland foods. Drink plenty of fluids.

Home Medications:

Resume medications you were taking prior to surgery unless you have been told to discontinue them.

If you smoke (or have smoked within the last year), we strongly recommend that you do not smoke.

Activity:

The nurses in the recovery room will advise you on your specific weight-bearing status. These guidelines should be strictly followed to appropriately protect the surgical site. Typically, a set of crutches or a walker will be dispensed to accommodate these restrictions and improve your mobility, which is important in preventing complications, such as a blood clot. The nursing staff will ensure that you are safe to go home with the appropriate instructions on ambulation and crutch/walker use.

If you decide to rent or purchase a knee scooter/knee walker, then you should plan for this. We can provide you with a prescription for this device, which may help with insurance coverage. Please make these requests prior to your surgery day so that you are prepared.

Blood Clot Prevention:

- 1) If you smoke, stop smoking! Smoking makes blood clot formation more likely, impedes bone and soft tissue healing, and increases your infection risk.
- 2) Keep your leg elevated at least to the level of your heart for the first 48 hours.
- 3) Try to change position every 2 hours or so.
- 4) Do not cross legs.
- 5) Work on range of motion exercises every 30 minutes while awake, including at the hip and knee (above where your surgery was).
- 6) If you are riding in a car for a prolonged period, take a break every hour to get out and move around (with use of crutches/walker as directed).
- 7) Report any of the following signs/symptoms to our office:
 - Pain, redness, or swelling in the leg/calf
 - Sharp, stabbing pain in your side, back, or chest
 - Shortness of breath
 - Fever > 101.4 F or chills/sweats
 - Bloody mucus with cough
 - Severe headache
- 8) If ok by your primary care doctor, we generally advise taking an enteric-coated aspirin during the first 2-4 weeks following surgery. Dr. Akoh will discuss this individually with each patient in regard to exact dosage recommended. If you were already taking blood thinners (anti-platelet or anti-coagulant) before surgery, then these medications will be restarted when appropriate post-operatively. If you have a history of a prior blood clot or significant risk factors, then Dr. Akoh may decide to prescribe Lovenox or other agent for prophylaxis.

Ice:

Ice, similar to elevation, helps to control post-op swelling and reduce pain. Frozen bags of peas, commercially-available cold packs, or ice placed into an air-sealed bag are effective ways to cool your operative extremity. A regimen of 2 hours on and 2 hours off during the daytime is effective and should be used during the first 48 - 72 hours after surgery. If you have a splint in place, it can be difficult to ice through this, but you may try to place the ice behind your knee, which can be quite effective to cool your operative extremity.

Dressing Care:

Most dressings are not changed until your first post-operative visit. If we want you to change the dressing at home, specific instructions and supplies will be provided by our nurses in the recovery area or before you discharge home. All dressings should be kept clean and dry. If for any reason your dressing becomes wet or excessively bloody or

feel that it is too tight, please contact our office to discuss and we can get you into clinic sooner for a new dressing if needed. Along those lines, if you feel that a dressing is too tight, it is ok to gently loosen it at either end (at fingers) to relieve a sore spot. Please call if any questions.

Post-op Splint:

A well-padded dressing with plaster reinforcement may be applied to your operative extremity at the conclusion of your surgery. This splint helps to protect your operative extremity and control swelling. **DO NOT BEAR WEIGHT ON YOUR SPLINT!** It is **NOT** meant to be removed and needs to remain clean and dry (it is **NOT** waterproof). Do not attempt to scratch your skin underneath the splint. If it feels too tight, elevation will help to decrease swelling and improve your comfort. If the splint becomes wet or feels excessively tight despite elevation, please contact our office and it can be evaluated/changed.

Infection:

Infection is uncommon, especially during the first week after surgery. A low-grade fever (temperature < 101.4 F) is very common following surgery and is not a sign of infection. Infection is typically characterized by streaking redness up the leg, a foul smell from the operative area, excessive drainage, and high fevers (> 101.4 F). If any of these events occur, please contact our office immediately.

Driving After Surgery:

The ability for someone to resume driving after surgery is seldom a medical question, but usually a legal question. It is the responsibility of all licensed drivers to always drive safely, no matter what their permanent or temporary impairment may be. Reaction time following surgery may be compromised, secondary to medication and/or pain. The ability to fully use all extremities may be impaired after surgery, especially if surgery involved your right operative extremity.

Follow-Up Instructions:

1. **Follow up in clinic with your surgeon as scheduled.** If your appointment has not already been made at the time of discharge, you will need to call to make the appointment in 10-14 days.
2. Contact your physician's office during office hours at 770-266-1250. The orthopedic staff on-call can be reached through this method if a medical emergency arises.

When to Call the Office?

Do not hesitate to contact our office if any concerns arise. We make every effort to return phone calls in a timely manner. During normal business hours please call the office at 770-266-1250. If after hours, please use the same number, but your call will be routed to one of the physicians on call for our group.