

Hand, Wrist, & Elbow Surgery: What You Need To Know

Johnny T. Nelson MD

www.RaleighUpperEx.com

Surgery Scheduling

- **Our office will call you** to find a date that works well for you
 - Certain surgeries may require insurance pre-authorization
- Once the procedure is scheduled, **expect a call** from the hospital or surgery center where the procedure is taking place
 - The call will come usually 1-2 days before the procedure
 - They will tell you when to arrive, where to park
 - They will tell you what and what not to wear
 - They will tell you when to stop eating and/or drinking, if necessary
- Almost all patients will require **someone to drive them home** after the procedure and help assist them for about 24 hours after surgery
 - If you are having a “local-only” small procedure, you may be eligible to drive yourself home

Medications & Medical Conditions

- Please make sure Dr. Nelson’s assistant is aware if you:
 - Take aspirin, Plavix, coumadin, or other blood thinners
 - Are treated by a cardiologist
 - Have heart stents in place
 - Have a defibrillator or pacemaker to control your heart rate

The Day of Surgery

- After you are checked in at the hospital or surgery center, multiple nurses and providers may ask you **many questions**
 - This is for your own safety and for documentation purposes...please be patient!
- You will meet the anesthesiologist, who is responsible for making you comfortable and/or sleepy for the procedure
 - Sometimes a **nerve block** is performed, and usually an IV is placed
- Dr. Nelson will greet you, update paperwork, confirm the procedure plan with you, and mark the surgical site with a special pen
- After the procedure, you will be observed by nursing staff to make sure you are safe to go home
 - Eating and drinking without nausea
 - Pain is controlled
 - Vital signs remain stable
- Before you go home, the nursing staff will go through all post-operative instructions
 - How to control your pain (ice, elevation, medications)
 - Activity restrictions (what you are allowed to do with operated arm)
 - Warning signs of surgery complications
 - When to see Dr. Nelson in the office again for after-surgery care and evaluation

- As a general rule, you will need to **call the office** after the procedure to schedule a visit **two weeks** from the date of procedure

At Home After Surgery

- Dr. Nelson will probably advise you to **elevate the operated limb** at all times except going to the bathroom for 2-3 days after surgery
- Activities and Movement
 - You will receive specific instructions from Dr. Nelson at the time of surgery what activities and motions you can and cannot do
 - Unless otherwise instructed, **gentle range of motion** of the fingers is encouraged to help control swelling and reduce pain levels
 - Gentle, low-intensity **exercise** is encouraged (e.g. walking, stationary bicycle), but avoid activities that cause breaking into heavy sweat
- Swelling and Bruising
 - Some amounts of swelling and bruising are a **common and expected** occurrence after surgery
 - Bruising may look worse before it looks better as the bruise is “broken down” by the body in different stages
- Ice
 - Ice is very effective to help prevent and control swelling and pain
 - Even if you are wearing a splint, a large bag of ice applied over the operated area will work
- **Pain Control**
 - For **baseline** pain control, Dr. Nelson recommends alternating ibuprofen (Advil/Motrin are trade names) and acetaminophen (Tylenol is trade name)
 - Ask your primary care doctor if it is safe for you to take these medications
 - On the day of surgery, you will receive a **flow chart** that gives you step-by-step instructions on how to manage your pain
 - Take one of these two medications every 4 hours, so that each medication is repeated every 8 hours
 - Ibuprofen: 600-800mg, best taken with food, available over the counter in 200mg tablets
 - Tylenol: 1000mg, available over the counter in either 325mg (take 3) or 500mg (take 2), important not to exceed the maximum recommended dose of 3000mg every 24 hours (which is 1000mg every 8 hours)
 - For **breakthrough** pain control, Dr. Nelson will likely send a prescription for stronger opioid narcotic pain medication to your pharmacy
 - Use this medicine **only if you need it**, if ibuprofen and Tylenol are not working
 - Prescription is usually called in the day before surgery, so it can be picked up then or by your caregiver during or on the way home from your surgery
- Questions and concerns? You can reach Dr. Nelson’s staff through MiChart (online) or by calling 919-872-5296
 - During the day, you will talk to Liz, Dr. Nelson’s assistant 919-872-5296 x 258
 - After hours and on weekends (emergency only) you may call the same number and speak to the on-call doctor

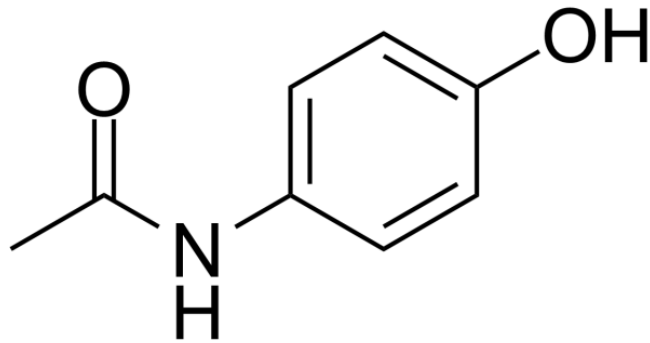
First Visit with Dr. Nelson after Surgery

- The first visit is usually quicker than others and is meant to ensure that everything is healing appropriately
- If you are in a **splint** after surgery, this will likely be removed
 - You may be placed in another removeable splint to continue resting the operated arm

- If you have sutures in place, these will likely be removed
 - On the palm side of the hand and fingers, Dr. Nelson will likely use sutures that bring the skin together into a small “mountain”
 - While this **may appear unsightly or alarming** to some patients, this is done to avoid wound healing complications (infections and cyst formation) when the skin edges go down to form a “valley”
 - Once the sutures are removed, the “mountain” will smooth out as the incision heals, becoming less red and noticeable
 - Dr. Nelson recommends **scar massage**, using the thumb of the other hand to massage the scar with a small amount of lubricating and moisturizing substance
 - You can perform this 2-3 times daily for 10-15 minutes
 - Use Vitamin E Oil, Mederma, Cocoa Butter, or any lotion
 - Dr. Nelson will give you new instructions on activities and movements based on your surgery
 - Sometimes a prescription for physical or hand therapy is provided

Questions?

- Call 919-872-5296 ext. 258
- Visit www.RaleighUpperEx.com



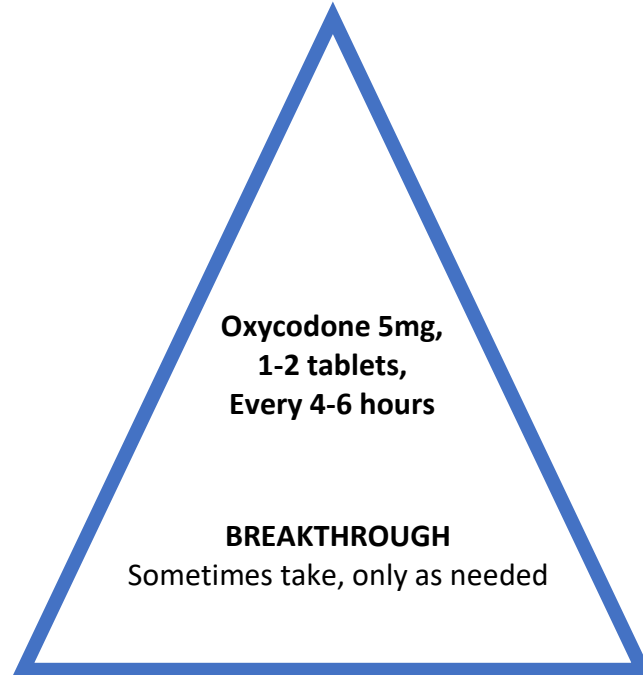
Tylenol Before Surgery

Studies have shown that patients who take scheduled Tylenol on the day BEFORE surgery have LESS PAIN after surgery

1000mg of Tylenol (Acetaminophen)
(500mg x2pills or 325mg x3pills)

Every 8 hours during the day before surgery, last dose taken just before leaving home

Pain Control Plan



If Tylenol/Ibuprofen Not Effective After Multiple Doses

