

POST OPERATIVE INSTRUCTIONS FOR SURGERIES DONE UNDER LOCAL ANESTHESIA (www.drgrondin.com)

Someone should bring you home from the hospital and **stay with you for the first 24 hours** as the analgesic medication taken over this period will make you drowsy and not fully autonomous.

Ice or commercially available freezable gel bags placed on the surgical site are very effective at relieving post operative pain. Make sure not to put the bag directly on skin by wrapping the bag in a cloth or placing the bag over a T-shirt, to avoid frostbite. Apply at least 3 times a day for 30 minutes each time.

You will be given an appointment to see your surgeon between 2 and 21 days post operatively to make sure your recovery is progressing well. At the Notre Dame clinic, delays are frequent but show up on time to register. **Once registered, the wait may be long but you may step out for 20-30 minutes to go eat or pay the parking meter. You will not lose your place in line.** In the worst case scenario, you will lose 20-30 minutes if we call you while you are absent.

Carpal Tunnel and Trigger Fingers

You may move your fingers without restrictions. Keep the hand elevated as much as possible (higher than the elbow and when lying down higher than the heart level) for the first 2 weeks as this helps with pain relief and healing. Keep the dressing completely dry for 7 days. After this the shower is allowed but damp dry the incision without rubbing. If you are able to change the dressing for a smaller less bulky dressing (ex. a big band-aid) in a sterile fashion (that is to say neither touch the incision or the center of the new dressing while placing it on the incision), this may be done after 72 hours. Otherwise wait for the doctor to change the dressing when he sees you at the first follow up appointment (around the 7th post operative day). Avoid heavy rubbing of the incision or heavy lifting for the first month.

Lateral or medial epicondylitis

Keep the operated area completely dry for 12 days. If you are able to change the dressing for a smaller less bulky dressing one (ex. a big band-aid) in a sterile fashion (that is to say neither touch the incision or the center of the new dressing while replacing the dressing), this may be done after 72 hours.

Otherwise wait for the doctor to change the dressing when he sees you at the first follow up appointment (around the 7th post operative day). You have resorbable suture under the skin that doesn't need removal. Getting the region wet in the shower is allowed on the 13th day but avoid rubbing the incision for the first month and damp dry. Finger, wrist, and elbow range of motion is allowed without restrictions. Avoid lifting anything heavier than a cup of coffee for the first 6 weeks. Avoid resisted wrist and finger extension for lateral epicondylitis and resisted wrist and finger flexion and resisted wrist pronation for medial epicondylitis for the first 6 weeks.

Surgery for removal of hardware (ankle, elbow, etc...)

Full weight bearing is allowed but avoid all physical activities for 6 weeks. Keep the area elevated 50% of the time for the first 2 weeks. Keep the surgical area completely dry until the first post operative visit. Ice and elevation will help with pain control.

Call the same day surgery department (514) 890-8317 (mon to fri 7h to 20h) or Info-santé (811) or your local CLSC if: you have a temperature above 38 C for more than 24 hours, if redness around the wound develops (it is normal to have the entire limb colored pink by the antiseptic used but it is abnormal to have a deeper and painful red region to develop around the incision), if the wound drains beyond the first 24-48 hours, if pain that can't be relieved by elevation and medication persists, and if a constant (and not only from time to time) calf pain persist beyond the first 48 hours.