

Post Operative Care

Every operation has a healing process that is similar to the way in which the body responds to injuries. As such, the corner-stone of this period is analgesia, rest, ice, and gentle movement.

Analgesia

Pain can be modified through a number of pathways, and medications are tailored accordingly.

Oxycontin 10mg twice per day by mouth – this is a very powerful orally taken pain killer. I expect that it will be necessary for up to five days, but often may only be required for one or two days. Its main side effects are drowsiness and constipation. If drowsiness is a big problem, spread out the time between doses, or take only at night time. I recommend drinking more water and having more fruit as safe ways to prevent constipation. When you no longer need these tablets, safely dispose of them or return them to your pharmacist for disposal.

Naprosyn SR 1000mg or 750mg daily – this is a long lasting non-steroidal anti-inflammatory drug (NSAID) that I have found to work very well. Like most medicines, it may upset your stomach and trying a different timing related to food or a different brand can help. On rare occasions, stomach anti ulcer medication is taken if a NSAID is absolutely necessary. NSAIDs should be avoided if you have a known peptic ulcer.

Paracetamol (Panadol) 500mg x2 four hourly – regular paracetamol its by itself is very powerful analgesic medication. It has minimal side effects and is often combined with codeine for extra analgesic effect. These include *Panadeine* and *Panadeine Forte*. It is very important not to take Panadol and/or Panadeine and/or Panadeine forte together on a four hourly basis – this would double your paracetamol intake and would be dangerous.

Rest

If you have been provided with a sling or brace, this is to remind you and others to rest the affected limb. Pain is reminding your body to do this, but we are modifying this with the analgesia. The sling or brace also has a protective effect if a tendon or ligament repair has been performed. The duration of the sling or brace will be discussed with you.

Ice

Ice packs in the form of frozen peas or commercially available products are very good at decreasing the inflammatory response. It is important not to place them directly against the skin. You should have at least a tea towel between you and the ice to minimize any chance of a cold burn. They are applied for 20 – 30 minutes or until they thaw out and up to every two hours.

Cryocuff® is a commercially available cooling and compression system available through Club Warehouse, Level 1,221 Kerr St, Fitzroy 9419 7344 clubwarehouse.com.au. Other brands are also on the market.

Gentle Movement

The inflammatory response results in you keeping the affected joint still, and prolonged immobility often results in stiffness that can be difficult to treat later. Prevention is the best form of treatment, and with periodic controlled gentle movement in combination with analgesia and ice, stiffness can be avoided.

Wound Management

Most wounds are managed with an absorbable (dissolving) suture that will not need removing. They are usually supported with steristrips for a period of 10 to 14 days. A dressing, often a Primapore, is placed over the top. Ideally the dressings will remain intact until review. I am happy for them to be wet in the shower and dabbed dry afterwards. Immersion in baths, swimming pools and the beach should be avoided.

If wound appearance is a significant concern, application of 3M micropore 1-inch tape along the wound for over three months can result in a finer, less obvious surgical scar. All surgical scars progress through a number of phases included a red phase that lasts up to 18 months.

If there is discharge associated with redness around the wound, this may represent infection. You should be seen earlier and have the wound reviewed.

Smoking

Smokers are disproportionately represented in all forms of surgical complications. From increased local problems such as delayed wound healing, wound infection, tendon/ligament repair failure, stiffness and bone delayed healing to the general complications such as thromboembolism (Deep Venous Thrombosis and Pulmonary Embolism), pneumonia and heart complications.

Physiotherapy

In the early phase of your recovery, physiotherapy will be used sparingly. Most of your early rehab is known as a "home exercise program". The exercises that you have been shown will help avoid stiffness. When you are out of your brace, using your limb for activities of daily living, more movement will return. Once movement is regained, strength will follow. At your periodic postoperative review appointments your progress is assessed and if I have any concerns, physiotherapist supervision will be advised. In general terms, most patients will be formally referred to physiotherapists at the three-month review for further direction and goal setting.

The tendon / ligament healing process is weakest at 4 months. I would like to avoid the possibility of you being able to generate near maximal power and potentially pull the repair apart at this time. Testing a repair to failure point is irreversible.

Post Operative Appointment

Your first post operative appointment will be scheduled for 10 to 14 days after your operation. At this appointment, your wound shall be inspected, an explanation of your operation provided, the rehabilitation plan discussed and you shall have an opportunity to ask further questions.

Any concerns, please contact my rooms on 9486 9554.

Simon Holland