

NICHOLAS T. HADDOCK, M.D.

Hand Surgery

Patient Care Instructions

General Information

Following upper extremity surgery a cast or splint is often placed to immobilize the area of operation. If immobilization is not required then you will likely be placed in a bulky dressing. Proper care of your arm is important in the postoperative period. The length of time that this dressing remains in place varies greatly and will be discussed with you.

Things to handle prior to your surgery

Arrange for someone to drive you home.

Necessary medications will be called into your pharmacy. These should be picked up prior to surgery.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Haddock's nurse (Tina Ethridge) at (214) 645-2353. If you are unsure if you can stop a medication then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a *Suggested Shopping List* in the addendum to these instructions (page 4).

Pre-Operative Guidelines

Take pain medication as prescribed. Often these medications are necessary for the first 2 to 3 days and then on an as needed basis. Tylenol alone can also be taken but do not exceed a total of 3000 mg of Tylenol daily. The typically prescribed pain medication has Tylenol in it so this must be accounted for if taken. Do not drink alcohol with these medications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication as prescribed. Often this medication is necessary for the first two days and then on an as needed basis. Do not drink alcohol with this medication.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medication usually makes this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest. The anesthesia and pain medication can promote insomnia; therefore a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Tina Ethridge) at (214) 645-2353 if you feel this would benefit you.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

Keep your arm elevated for the first 2 days following surgery.

Activity Restrictions

Walking is encouraged shortly after the operation. Avoid elevated heart rates or blood pressures.

Do not lift anything with the surgical hand.

Do not drive while taking any prescription pain medication.

Limit the use of your hand that was operated on. Any areas that are not included within the dressing can be gently moved but try to limit the movement of any portions within the dressing.

Light cardiovascular exercise can be resumed after 3 weeks with all activities to be resumed at 6 weeks.

Incision Care

You may have sutures in place that will be removed in 10 to 14 days.

You may shower after the operation, but the dressing should remain dry. You can use a plastic bag to protect it in the shower.

What to Expect after Hand Surgery

You can expect some swelling of the hand. There also may be slight bloody oozing through the dressings.

When to Call the Office

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

For medical questions, please call: Tina Ethridge, RN at (214) 645-2353.

Dr. Haddock will be paged/called on his cell phone for any urgent or emergent medical issues.

Follow-up Care and Appointments

You will be seen by Dr. Haddock approximately 1 to 2 weeks after the surgery.

Your dressings will be changed at that time. If your dressings can be removed earlier then this will be discussed.

Your specific diagnosis will dictate the remaining portion of your care.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

For any surgical scheduling concerns, please call: Lindsay Carpenter at (214) 645-3118

For medical questions, please call: Tina Ethridge, RN at (214) 645-2353

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Suggested Shopping List

Items to have on hand prior to surgery

Hand Surgery

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
 - Tylenol #3 or Tramadol (pain medication)

- Tylenol

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally twice daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation