

Post-Operative Instructions

This will depend on the surgery that Dr Balakumar undertakes. Although it is possible to provide rough estimates it is misleading as most patients have individualised treatment.

1. Wound Care

- You may de-bulk the dressings (if there is a bandage) by taking off the bandages and leaving the waterproof dressings underneath intact at 3 days.
- Keep dressings intact for two weeks till review unless there is strikethrough of considerable amount of blood or ooze.
- Please use steri strips when dressings are removed (white tapes across wound).
- It is OK if they fall off.
- You may shower in 3 days with the incision covered. Keep it clean and dry.
- Do not get into a tub or pool until two weeks.
- You have dissolvable sutures, No suture removal is necessary.

2. Icing

It is recommended that you ice your surgery site. Ice in a bag with cloth covering can be used fairly consistently for the first 24 to 48 hours to help diminish the swelling. After the 48 hour period, if it is comfortable for you, you may apply ice packs to the hip 3-4 times per day for 30 minutes until swelling is resolved.

3. Crutches and Mobility

- You may require crutches or upper limb immobilization such as a sling.
- Non weight bearing is no weight at all through your affected leg.
- Partial weight bearing is usually 1/6 of your body weight.
- Full weight bearing is usually with or without crutches.

4. Physical Therapy

- You can arrange to be seen by PT within the first week of surgery
- You will continue therapy, with specific therapist instructions, at the first post-operative visit.
- You may wish to set up an appointment with physical therapy in advance (2-3 sessions/wk)

For the first two weeks until formal physical therapy, you may do the exercises advised by your doctor and

- No weight lifting or water therapy during first two weeks.
- If an exercise is very painful, stop doing it or do it within the limits of motion that is not painful.
- Major therapy gains are not achieved during the first two weeks. This is mainly a recuperative period.

5. Pain Control

- You have been prescribed Endone/ Indomethacin (2 weeks)/Oxycontin medication) for your post-op pain control.
- Use the medicine as prescribed and do not drive, drink alcohol, or perform duties that require concentration (i.e. school or work) while on the narcotic medication.
- After the first three days, you may find it beneficial to take an over the counter anti-inflammatory such as Ibuprofen (or Celebrex or naprosyn or Panadol) for additional pain control if you do not have a contraindications to taking this medication (i.e. allergy to the medication, stomach ulcers or kidney problems).





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6. Other Medication

A prescription may have been provided for Valium and Indocid. Use as prescribed unless contradicted. Do not drive, operate machinery, or drink alcohol while on valium. Valium is used for muscle spasms and Indocid is used for prevention of heterotopic ossification (excess bone re-formation).

7. Driving

You may not drive at least until your post-op visit when you and Dr Balakumar can make a decision.

8. When can I return to work?

Most surgeries will require at least 2 weeks leave from work or school.

WHAT IS TO BE EXPECTED:

After surgery, there is a variable amount of pain and swelling, often depending on how much surgery was done. This usually diminishes after several days. It is helpful to keep the leg or arm elevated above your heart and to apply ice regularly.

WHAT SHOULD BE REPORTED IMMEDIATELY:

Signs and symptoms to report:

- persistent fever
- sudden increase in pain or swelling
- wound redness, drainage, or increased skin temperature around the incision
- increasing numbness
- deep calf pain and/or swelling
- shortness of breath

Who to call:

- If you have any problems please call Dr Balakumar at 9387 1000
- You should have a post-op appointment scheduled in 14 days. If you do not, call 9329 5525

[Last Updated: 14/02/2011]

