

## **SURGICAL PATIENT FAQ**

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### **PREOPERATIVE FAQ**

**Q: What time is my surgery? I haven't received any information.**

A: Our surgery centre staff contact patients the day before surgery with reporting instructions once the surgery schedule has been finalised. You should receive a call by the end of the working day before your surgery.

**Q: Is a CPM machine necessary? Who should I contact if I would like one?**

A: For our patients undergoing an ACL reconstruction procedure the use of a continuous passive motion (CPM) machine may be discussed. It is not absolutely necessary to use a CPM machine and I have had many patients achieve good outcomes without its use. For those patients who would like to arrange for a machine, please contact Chris (medical device representative) at [bayorthopedics@gmail.com](mailto:bayorthopedics@gmail.com).

**Q: Do I need to stop all medications before my surgery?**

A: Not all medications need to be stopped before surgery. Please refer to your surgical packet which you received at your preoperative appointment for a comprehensive list of medications and supplements that should be stopped before surgery.

**Q: Do I need to bring a sling/brace/crutches with me on the day of surgery?**

A: Our surgery centre can provide you with required medical equipment on the day of surgery. If you prefer, you can bring your own equipment with you on the day of surgery.

**Q: Will I be awake during my procedure? Will I feel anything?**

A: Our anaesthesiologists are excellent and will ensure that you are properly sedated during your procedure. You will be asleep during your procedure and will not feel anything. We strive to maintain an excellent standard of care regarding intra- and postoperative pain management.

**Q: Do I need to be accompanied by someone on the day of surgery?**

A: You may report for your surgery unaccompanied. However, we require someone you know to be present at discharge from the centre to accompany you home. This is for patient safety.

## **POSTOPERATIVE FAQ**

### **General Questions**

#### **Q: When is my postoperative appointment?**

A: The surgical packet you received at your preoperative appointment will contain that information if a postoperative appointment was scheduled for you. If you are unsure or would like to reschedule your appointment please call our front desk at 415-900-3000. I typically see my postoperative patients between 7-10 days after their surgery.

#### **Q: What happens at the postoperative appointment?**

A: At the first postoperative appointment I will remove your dressings and sutures. If you were placed in a splint after your procedure, I will remove the splint and place the operative limb in a cast or brace if needed. We will discuss the procedure in detail. If you had arthroscopic surgery, we will go over the pictures from the procedure. We will also discuss the rehabilitation protocol and recovery timeline and I will answer all questions.

#### **Q: Do I need to schedule physical therapy? When and where should I make my appointment? Do I need to change providers?**

A: My patients generally have their first physical therapy appointment after their first postoperative appointment. Some patients have gone to their physical therapy appointment right after their postoperative appointment! A list of providers will be available to you at your first postoperative appointment. If you are already established with a provider you may continue seeing them.

#### **Q: Can I shower?**

A: It is alright to shower as long as the operative area and associated bandages, dressings, and/or splints remain clean and dry. This can be achieved by using waterproof material such as a plastic bag to cover the operative area. Specialised waterproof materials and devices for this purpose can be found and purchased online however can be expensive. The advantage of these products is that they are reusable.

#### **Q: Can I swim? What about hot-tubs and Jacuzzis?**

A: Please refrain from any activity that would submerge the operative area and incision under water as this increases the risk of infection. This includes activities such as hot-tubs, baths, and wading.

#### **Q: How do I use the patient messaging app? I don't think I have access to it.**

A: My patients are registered for a patient messaging app at their preoperative appointment by my surgery scheduler. Once this registration is started, please check your email for a link to complete registration. Once this registration is completed you may send questions via the app which will be answered either by myself or another doctor.

**Q: Why is it taking so long for a response on the app?**

A: Please accept my apologies if you receive a delayed response. My staff and I strive to ensure that all patients queries are addressed in a timely fashion. On busy surgical days it may take longer than usual to receive a response.

**Pain, Swelling, and Postoperative Care Questions**

**Q: I am in pain. Is this normal?**

A: Some discomfort and pain after surgery is normal and to be expected. It is part of the body's natural healing response. While certain days can be more painful than others, the overall trend should be less pain as time progresses.

**Q: The pain was mostly gone or under control. Now it is back and/or worse. Should I be worried?**

A: This can happen as patients increase their activity level and arises from scar tissue breaking up and/or using muscles that were not used during recovery. A common inciting event is the first physical therapy appointment. This pain will improve with time.

**Q: There is swelling. Is this normal?**

A: Like pain, some swelling after surgery is normal and to be expected. It is part of the body's natural healing response. You can help reduce the amount of swelling by resting and elevating the affected area above the level of the heart, and by using cold therapy. If the swelling appears suddenly and is associated with extreme pain and skin temperature changes it can be a sign of something more serious, however this is extremely unlikely.

**Q: I am experiencing some numbness and/or tingling in the operative area or limb. Is this normal?**

A: Some patients report feeling strange or funny sensations in the operative area or limb after surgery. These sensations are usually nothing to worry about and are self-limited and improve with time. If you received a peripheral nerve block prior to or after your procedure you may experience some tingling as the block wears off. A very small minority of patients may experience a transient neuropraxia after receiving a block. This usually improves with time.

**Q: Should I unwrap the bandage and dressings? Do I need to examine the surgical incision?**

A: There is no need to unwrap the bandage and dressings or to examine the surgical incision. Please accept my apologies if you have received conflicting information from the messaging app. Unfortunately I have no control over the information it chooses to present to patients.

**Q: Do I need to clean the incision?**

A: There is no need to clean the incision.

### **Cold Therapy Questions**

**Q: Do I need a cold therapy machine?**

A: A cold therapy machine is not necessary and many patients have good outcomes without it. Using ice packs from the freezer can provide similar relief. The advantages of the cold therapy machine include a uniform cooling effect, the cooling pad may be left on, and that it is more convenient to use.

**Q: How frequently should I use cold therapy?**

A: I advise my patients to apply cold therapy for 10-20 minutes at a time every 2-3 hours. The cold therapy should not cause pain or cause your skin to become pale. I do not advise using cold therapy while sleeping.

**Q: The cold therapy is not working through my bulky dressing. What should I do?**

A: This is a common problem I encounter. Unfortunately, there is not a great solution. Some patients have found success by applying the cold therapy to the skin surrounding the edges of the dressing/bandages. The dressings/bandages will be removed at your first postoperative visit after which there should not be any difficulty in applying the cold therapy.

### **Pain Medication Questions**

**Q: My pain medication is not working or providing lasting relief. What can I do?**

A: Due to regulations and pharmacy guidelines pain medication prescriptions must be written with certain dosing instructions. If you find that the pain medication as prescribed is not helping manage your pain effectively please read the following instructions. For Norco and Percocet prescriptions, you may take 1-2 tablets every 4-6 hours as needed. If your pain persists despite taking 2 tablets every 4 hours you may use ibuprofen to augment the narcotic pain medication. Please do not use Tylenol while using Norco and Percocet.

**Q: I am running out of pain medication. Can I get a refill?**

A: I am happy to write refills. Unfortunately, regulations dictate that these prescriptions must be handwritten and collected in person from the clinic on 450 Sutter St. Pharmacies will not accept verbal refill authorisations over the phone. You may have someone collect and fill the prescription on your behalf if you are indisposed.

**Q: It is the weekend and the clinic is closed. Can I get a refill for my pain medication?**

A: Unfortunately, we are unable to dispense refill prescriptions over the weekend. A prescription for less potent pain medications such as Tylenol #2 or #3 with codeine, or tramadol can be called into your local pharmacy.

**Q: The pain medication makes me feel nauseous and/or causes me to vomit. What should I do?**

A: This is a known adverse effect of opioid medications. All of my patients receive a prescription for Zofran in addition to the pain medication. Zofran is a medication that helps alleviate nausea and vomiting. If the Zofran is ineffective please let us know and we can call in a prescription for a different medication to your pharmacy. You may also try reducing the dose of the pain medication to see if that helps.

**Q: The pain medication is making me constipated. I have not had a bowel movement. What should I do?**

A: Like nausea/vomiting, constipation is a known adverse effect of opioid medications. All of my patients receive a prescription for Colace in addition to the pain medication. Colace is a medication that helps alleviate constipation. For some patients this can be ineffective. In such cases I recommend reducing the dose of the pain medication. You may also use Milk of Magnesia from your pharmacy. I would continue to drink plenty of fluids and have a well-balanced healthy diet.

**Q: The pain medication is making me itchy. What should I do?**

A: A small number of patients will experience itchiness while taking opioid pain medication. This is a known adverse effect. You can try reducing the dose of the pain medication to see if that helps. You can also try oral diphenhydramine (Benadryl) to relieve the itchiness.

### **Upper Extremity Surgery Questions (Shoulder, Arm, Wrist, Hand)**

**Q: How frequently should I perform pendulum exercises? They are painful.**

A: I advise my patients to perform 20 rotations 3 times daily at minimum. Some pain during pendulums is expected as scar tissue breaks up. It is better to endure this discomfort in the

early postoperative period than to deal with a stiff shoulder with limited range of motion later.

**Q: I had a labral repair and now I feel popping in my shoulder. Is this normal?**

A: Some patients experiencing a popping sensation as they move the shoulder after labral repair. This is caused by the suture knots from the repair. It is not something to be concerned about however can be unsettling if not expected.

**Q: Can I remove my shoulder sling? Does it really need to be worn at all times?**

A: You may remove your shoulder sling for personal hygiene. It may be also be removed if you can expect to keep your elbow tucked at your side such as while sitting at a desk typing or sitting on a sofa watching television. Depending on the procedure, the sling may need to be worn while sleeping as well.

**Lower Extremity Surgery Questions (Leg, Knee, Ankle, Foot)**

**Q: Do I need to wear the knee brace at all times?**

A: If you have had an ACL reconstruction, meniscus repair, or other tendon/ligament repairs you will be fitted with a knee brace. I advise my patients to wear this brace at all times, even while sleeping. You may remove the brace for personal hygiene.

**Q: Does my brace need to be locked in extension? How do I unlock the brace?**

A: For patellar tendon and quadriceps repairs the brace needs to be locked in extension. For ACL reconstructions and meniscus repairs the brace may be unlocked. You can unlock the brace by using the small tabs on either side of the brace at the hinge.

**Q: My brace keeps sliding down. What should I do?**

A: While the braces have been designed to be universal and can be fitted, this is a common complain I encounter. You can try readjusting the straps of the brace at home. When doing so please ensure that the straps running behind the leg are not slack. If you encounter difficulty at home my staff are happy to help you readjust the brace at my clinic.

**Q: I was placed in a splint or cast and lost my balance and/or accidentally stepped on the operative limb. Should I be worried?**

A: This can happen to patients and usually isn't something to worry about. It is unlikely that you have caused an injury or damage.