

ORTHOPAEDIC ONCOLOGY SURGERY POST-OPERATIVE INSTRUCTIONS

This handout is intended to provide general information on what to expect after your surgery. If Dr. Clarkson or Dr. Nevin has provided alternative instructions, the information provided here may not apply to you.

ANAESTHESIA

The subtle effects of general anesthesia with regional/local anesthesia (“nerve block”) can last more than 24 hours. *Rest on the day of surgery.* Although you may feel normal, your reflexes and mental ability may be impaired. You may feel dizzy, lightheaded, or sleepy for 24 hours or longer. Do not consume alcohol, drive, and operate machinery or make important personal/business decisions for 24 hours. After a general anesthetic, it is normal to feel generalized aching and sore muscles for 24 hours. A sore throat may occur.

PAIN MANAGEMENT

Some pain after surgery is to be expected, but should be at a level that you can perform basic functions such as eating, dressing etc.

- You should elevate the limb as much as possible for the first few days after surgery. This means at or above the level of the heart. Remember, ***less swelling = less pain.***
- Ice packs may also be used to reduce swelling. Do not apply ice directly to the skin, but rather in a cloth or ice pack.

We recommend using a ‘base’ of non-narcotic pain medication such as Tylenol® and/or Advil® regularly for the first few days after surgery. Only take prescribed pain medication for very strong pain as needed if your pain is not managed by Tylenol® or Advil® alone.

- You may use extra-strength acetaminophen (Tylenol®) as long as you have no allergies or previous liver issues. Do not take more than 8 tablets (4000mg) of extra-strength Tylenol® per day. *Please note that some prescription medications may have Tylenol included (such as Tramacet or Percocet) and Tylenol® should not be taken in addition to these to prevent overdosing.*
- You may use ibuprofen (Advil®) as long as you have no allergies, kidney issues or previous bleeding issues related to ibuprofen. Do not take more than 3200mg of ibuprofen per day. Advil® can be combined with Tylenol® as they act differently to manage pain.

If you have been told by your family doctor or other doctor that you should not take either Tylenol® or Advil®, please do not take them and let your surgeon know for alternative regimens.

Prescribed pain medication, such as narcotics (hydromorphone, morphine, oxycodone, Tylenol #3 and others) can cause side effects and should be minimized if your pain is otherwise controlled. The most

common side effect is constipation – make sure to drink plenty of water and you can use over-the-counter stool softeners if needed.

If you need further refills of your prescription pain medication, we suggest you contact your family doctor first as they are often best equipped to monitor your medication and wean as appropriate. If you are unable to refill your prescription through your family doctor, please contact our office for refills *a few days in advance of running out* in order to allow time to fax prescriptions to your local pharmacy.

ACTIVITY

In general, you should *gradually* increase your physical activity level as your pain allows. *Unless otherwise instructed*, you are allowed to use your limb as you normally would. We generally encourage gentle range of motion of joints to prevent stiffness unless ‘blocked’ by a splint put on by your surgeon.

- If instructed to be ‘non-weight bearing’ this means carrying nothing heavier than a coffee cup or phone (for surgery on the arm) or using crutches/walker (for surgery on the pelvis/legs).

If your surgeon recommends physiotherapy, they will write instructions for your physiotherapist before you are discharged. You are responsible for finding a local physiotherapist to work with you. If your therapist has any questions or concerns about your post-operative course, they are welcome to contact our office.

DRESSINGS

You may have an outer ‘bulky’ dressing such as a tensor wrap to help reduce initial swelling. This can be removed two days after surgery. Please keep the wound clean and dry until the incision has healed, typically in 10-14 days. The dressing used underneath is typically waterproof; if not, please cover with plastic while showering. If the dressing does get wet, please pat the wound dry with a clean cloth and replace the dressing.

If you have a drain, you will be taught how to manage this prior to your discharge. Please empty the drain and record the amount. If not removed by the time of your discharge, this will be removed at your first follow up appointment in clinic.

WHAT TO LOOK OUT FOR: IF THESE OCCUR NOTIFY OUR OFFICE OR PROCEED TO YOUR LOCAL EMERGENCY DEPARTMENT

- Redness around the incision or pus, fever > 37.5°C, shaking or chills
 - This can represent a wound infection and may need to be treated with antibiotics.
- Bleeding from your wound that does not stop after 15 minutes of firm pressure applied
- Sudden worsening of surgical site pain that does not respond to the above pain management

CONTACTS

If you have any questions or concerns about your surgery, please contact the Orthopaedic Oncology nurse Lisa Kondo at 604-877-6000 ext 2460 (daytime MWF) or email lkondo@bccancer.bc.ca.

If you have any *urgent* concerns overnight or on the weekend, please contact the VGH Switchboard at 604-875-4111 and ask for the *Reconstructive Orthopaedic Doctor On Call*. Please note that they may not be familiar with your particular surgery and will do their best to triage issues over the phone. They may instruct you to proceed to your local Emergency Department for further evaluation.

FOLLOW UP APPOINTMENT

Please call or email our office within a few days of your surgery to make your follow up appointment:

Paula at 604-877-6000 ex 672396

Email: pruttan@bccancer.bc.ca

Your appointment is typically two weeks after surgery for an initial check of your wound. If you are from outside the Vancouver area, please follow up with your local family doctor in two weeks or as instructed by your surgeon.

If you have not had pre-operative radiation to the surgical area, non-absorbable sutures or staples are typically removed at your follow up appointment in two weeks. If you have had radiation, they are left in longer until 6 weeks to avoid wound breakdown.