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# POST-OPERATIVE INSTRUCTIONS: OCCUPATIONAL THERAPY

## **OCCUPATIONAL THERAPY FOLLOW-UP**

- Based on the procedure, it is recommended you follow up with an occupational therapist, generally between 2 and 5 days after surgery. The required information for this appointment is with the Rehabilitation Department adjacent to Dr. Obermeyer's office. Please contact our team if you have any trouble scheduling.
- The occupational therapist will perform an evaluation, check your incision, change the dressing as needed, and initiate a plan for when and how to move your arm. Sometimes a special splint is provided by the therapist based on the nature of your surgery.
- Please note the occupational therapist is considered a separate provider from Dr. Obermeyer and his team, and rehabilitation services typically have varying coverage benefits depending on your insurance policy. The Rehabilitation Department will provide further details.
- Your first appointment with Dr. Obermeyer and his team is scheduled two weeks after surgery, unless otherwise instructed.

#### MEDICATION

- A certain amount of pain, swelling and bruising is expected for the days following surgery. The goal of post-surgical pain medication is to *control* and *manage* post-surgical pain, not to *eliminate* it.
- Most patients will be given a prescription for a narcotic pain medication, Norco (hydrocodone) that is initiated shortly after surgery. Take it only as needed after your discharge.
  - Common side effects of the pain medication are nausea, drowsiness and constipation to decrease the side effects take the medication with food. An over the counter stool softener (Colace/Ducolax) may be taken to prevent constipation.
  - You may not drive or operate heavy equipment while taking narcotic pain medicine.
  - Call the office immediately if you are having an adverse reaction to the medication.
- Resume all home medications unless otherwise instructed by Dr. Obermeyer or your primary care physician.

#### WOUND CARE

 It is recommended you leave in place the bandage or splint you left the surgical facility with until your first appointment with the occupational therapist or Dr. Obermeyer. It is recommended the incision remain clean under that bandage for those days to prevent infection and promote early healing. You may shower with a sealed bag over the bandages during that time, ensuring the bandages remain dry.



- Thomas Obermeyer, M.D.
  - Once the bandages are removed, the incision can be left open to air or replaced with a gauze or ace wrap. Do not apply lotion, cream, or ointments to the incision.
  - After the surgical bandages are removed, showering is permitted with gentle soaping, and you can let water run over the incision. Please avoid *submerging* the limb in a bath for a few weeks after surgery to prevent contamination of the incision and infection.
  - Mild bleeding and swelling is normal. If blood soaks onto the bandage do not become alarmed, reinforce with additional dressing.
    - If there is excessive drainage from the surgical incision requiring multiple reinforcements and dressing changes, please contact the office to inform Dr. Obermeyer and the surgical team.
    - If there is excessive redness or drainage from the incision, or fever greater than 101.5°F, contact Dr. Obermeyer and the surgical team. Lower grade temperature elevations for a couple days after surgery are normal and should not be a cause for alarm.

### **COLD THERAPY**

- Ice can be applied through a clean plastic bag, or a bag of frozen peas accomplishes the same objective. Formal icing machines are not covered by insurance and are not routinely used, but Dr. Obermeyer supports their use if you have access to one. Never apply cooling agents (ice, polar care etc) directly to exposed skin.
- After the first day, use 20 minutes on, 20 minutes off, as long as it continues to help with pain. You may discontinue when you feel the cooling is no longer helpful.
- Consider using ice after physical therapy to help with swelling and pain.

## ACTIVITY

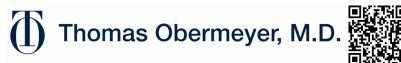
- Keep the involved limb elevated for several days to help with swelling.
- Depending on your limitations after surgery, initially exercising your fingers is permitted and recommended.

### **RETURN TO WORK**

 Returning to work depends on the type of work you do. Patients in seated jobs without demands on the surgical arm may return to work in as little as a few days if you have transportation arranged. You will possibly be taking narcotic pain medications and not have the ability to drive. Patients with higher demands may require a longer time frame and Dr. Obermeyer or his team will discuss this with you. Please let our office know if you need assistance with paperwork for your time away.

### EMERGENCIES

- Contact Dr. Obermeyer's office (847-285-4200) if any of the following are present:
  - o Uncontrolled nausea and vomiting





- Uncomfortable or painful swelling that affects the surgical leg much more than the other normal one
- Unrelenting pain at the knee or **pain in the calf**
- Fever >101.5°
- o Redness or continuous drainage around incisions
- If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room immediately for evaluation.

### FOLLOW-UP CARE

- Please make your first post-op visit 2 weeks after surgery if not done so already.
- If you have any questions or concerns about the above please call Dr. Obermeyer and the team at 847-285-4318.