

General Post-Surgical Instructions

First 24–48 Hours

- Rest and relax. No strenuous activity for the first 72 hours.
- You may have minimal pain for the first 12–24 hours. Pain often increases as the nerve block or anesthesia wears off — this is normal. Begin your pain medication when you start to feel pins and needles in the operative area.
- Ice the dressing for 20 minutes on, 20 minutes off as needed for pain. Most useful in the first 72 hours.
- Your specific activity restrictions depend on the surgery performed and will be reviewed with you directly before you leave.

Activity and Wound Care

- Do not remove your dressing, splint, or cast for 72 hours unless instructed otherwise.
- After 72 hours you may shower — no baths, pools, or soaking. The wound can get wet but do not scrub it.
- After showering, gently pat the incision dry and apply a clean bandage.
- Sutures or staples will be removed in the office at your follow-up appointment (typically 10–14 days after surgery), unless dissolvable sutures were used.
- Call the office if you notice increasing redness, warmth, drainage, or odor from the wound.

Medications

You may be prescribed some or all of the following. Take all medications with food and water, only as prescribed.

Percocet (Oxycodone/Acetaminophen)

Strongest pain medication. Take every 4–6 hours as needed for pain.

Journavx (Suzetrigine)

Non-opioid prescription pain medication for moderate to severe acute pain. Take as prescribed.

Zofran (Ondansetron)

For nausea or vomiting, as needed.

Colace

For constipation. Narcotics and anesthesia commonly cause constipation — take this preventively.

Aspirin 81 mg

Blood clot prophylaxis, if prescribed.

Cefadroxil

Antibiotic — not prescribed for every surgery.

Note — should you experience stomach problems or if your body is not tolerating any of the medications above, STOP the medications. You may discontinue the above medications as you see fit and take "Tylenol."

Narcotics are a strong medication with potential side effects including addiction, constipation, overdose, and nausea. Very important to only take as prescribed.

Immobilization / Assistive Devices

- If you were given a sling, brace, splint, cast, boot, or crutches, wear or use it exactly as instructed — including while sleeping, unless told otherwise.
- Duration of use depends on the surgery performed and will be communicated to you directly.
- Do not lift, bear weight on, or stress the operative area beyond what you've been instructed.
- Move the joints above and below the operative site regularly to prevent stiffness, unless instructed otherwise.
- If given a squeeze ball, use it 2–3 times per day, 20 squeezes per session.

Weight Bearing

Weight bearing status depends entirely on the surgery performed. Your specific status will be reviewed with you directly before discharge and reinforced at your follow-up visit. If you are ever unsure, call the office before putting weight on the operative extremity.

Physical Therapy

- A physical therapy prescription will be included in your discharge folder, if applicable to your surgery.
- If you do not have one, it will be provided at your first post-op visit.
- Therapy start date and protocol depend on your surgery and will be communicated directly to you.

Return to Work or School

- Sedentary work: typically 1 week after surgery if pain is tolerable.
- Physical labor: depends on the surgery performed — this will be discussed with you directly.

Follow-Up Appointment

Your first post-op appointment is typically 10–14 days after surgery. The date and time are in your discharge folder. If you do not have an appointment scheduled, call 551-501-5060.

What to Expect — Normal After Surgery

- Nerve block effects (numbness, weakness) lasting 8–24 hours after surgery, if a block was used.
- Persistent numbness near the surgical site resolving over 2–3 days.
- Increased pain as the nerve block or anesthesia wears off — this is expected.
- Pain and swelling at the surgical site lasting up to 6 weeks.
- Small amount of bloody or clear drainage from the wound in the first 3–4 days.
- Swelling near the operative site — elevate the extremity when possible.
- Low-grade temperature under 101.5°F — stay hydrated, take deep breaths, cough forcefully.
- Redness at incision sites for several days.

Call the Office Immediately If You Experience

- Increasing redness, drainage, odor, or opening of the incision
- Temperature over 101.5°F
- Fevers, chills, nausea, vomiting, or diarrhea
- Pain not relieved by pain medication
- Entire limb swelling, calf swelling, or other signs of a blood clot

This general guide covers surgeries that don't fall under a specific procedure-based instruction sheet. Because activity level, weight bearing, and immobilization vary widely by procedure, always follow the specific instructions given to you directly by Dr. Rothenberg or his staff where they differ from the general guidance above.