

Post-Operative Instructions

Colby Wollenman, MD | Sports Medicine & Orthopaedic Surgery

Please read these instructions carefully and keep them with your surgery packet. They explain your care after surgery, your prescriptions and their risks, and when to call us.

Who to Call

Reason for your call	Contact	Phone
Any post-op concern: pain, medications, refills, side effects, dressings, brace/sling, PT, FMLA/work notes	Dr. Wollenman's office / Rachael (MA)	(972) 378-1438 Fax (972) 378-1432
After hours, weekends, holidays (urgent clinical questions)	On-call physician	(972) 378-1438 Follow prompts for the on-call physician
Nerve block, nerve catheter/pain pump, or anesthesia questions	US Anesthesia Partners / North Texas Anesthesia	1-888-339-8727
Post-op appointment scheduling	Anita, Surgery Coordinator	(214) 265-3232
Billing questions (our office)	Diane, Financial Counselor	(469) 398-0556
Medical records (op report, imaging, notes)	Medical Records	800-659-4035

Office hours: Monday-Friday, 8:00 AM-5:00 PM. For surgical facility billing, call the facility listed in your surgery packet.

If you are experiencing a medical emergency (chest pain, trouble breathing, fainting, vomiting blood, signs of stroke), call 911 or go to the nearest emergency department.

Follow-Up Appointments

Your 1st post-op appointment is generally 2 weeks after surgery and is scheduled by Anita before your surgery. If you are unsure of your date/time, check your surgery packet or call the numbers above. If following up out of the area, see a local orthopaedic physician **10-14 days** after your procedure.

Dressing and Sutures

- **Knee and shoulder replacements:** you may remove the ACE wrap, if present, the day after surgery. A large adhesive dressing that remains intact and clean may stay on until your post-op visit; if not, follow the steps below. For knee replacements, re-apply the ACE wrap from ankle to thigh to control swelling.
- **Splint:** leave it in place and keep it clean and dry until your first post-op visit, typically 2 weeks. Cover it with a sealed plastic bag to shower.
- **If your splint feels too tight** (increasing pain or pressure, worsening numbness or tingling, or cool, pale or bluish fingers/toes): elevate the limb above heart level, unwrap the ACE wrap, gently widen the splint, then loosely rewrap. **If pain is severe, call (972) 378-1438.**
- **All other procedures:** On the third day after surgery, remove all bandages (ACE wrap, Webril, pads, gauze, tegaderm, Xeroform) except the Steri-Strips (white tape on the skin). Gently clean around them with a warm washcloth and antibacterial soap. Do NOT scrub the incision, remove the Steri-Strips, or pull on sutures. Pat dry and cover with a new OpSite/Tegaderm and Telfa.
- **Showering:** okay with OpSites or other water-resistant dressings covering your incisions. Unless you have a specialized 10-14 day dressing (see above), change the OpSite every 1-3 days or when wrinkled or dirty, and keep incisions covered for 10-14 days. Remove your brace/sling only to shower. **If you have a nerve catheter, do not shower until it is removed.**
- **Do NOT submerge your incision** (bath, pool, hot tub, lake) for at least 4 weeks or until fully healed. Do NOT apply oil, Neosporin, hydrogen peroxide or lotion. Mederma may be used after 4 weeks.
- **Some blood on your dressing is normal**, as is bruising, which is more common while on aspirin or Eliquis. If the dressing becomes completely saturated and you have a replacement dressing, gently remove it, clean around the incision with a clean, wet cloth, pat dry, and apply the new dressing. A compressive ACE wrap over the top of your dressing can help decrease bleeding. **If bleeding is excessive or continues, call the clinic or on-call physician at (972) 378-1438.** Any nonabsorbable sutures are removed at your first post-op visit.

Brace/Sling, Activity, and Driving

- Wear your brace or sling as directed, including while sleeping, unless told otherwise. You may remove it to ice, change bandages, dress or shower, keeping it immobilized as if in the brace/sling. Follow the weight-bearing limits in your PT protocol.
- Walk several times a day as allowed and pump your ankles 10–20 times every hour while awake to help prevent blood clots.
- **Do NOT drive** while taking opioid pain medicine, wearing a sling or arm splint, or wearing a splint or brace on your right leg, until cleared by Dr. Wollenman.

Nerve Block

- The arm or leg may be numb and weak for 12–24 hours or longer. Protect it in the sling/brace, get help when first standing, and never apply ice directly to numb skin.
- **Start your scheduled pain medicines as soon as you get home, before the block wears off**, so pain does not build up suddenly (often overnight).
- After a shoulder block, mild shortness of breath, hoarseness or a droopy eyelid can be normal. **Call 911 for severe difficulty breathing.** For a nerve catheter, a metallic taste, ringing in the ears, or numbness around the mouth: stop the pump and call anesthesia at **1-888-339-8727**. Also call anesthesia if numbness is not improving by 48 hours.

Swelling, Icing, and Physical Therapy

- Elevate the limb above heart level as much as possible and ice 5–6 times per day for 20–30 minutes, **always with a cloth between ice and skin**. No heat on the surgical site for 2 weeks.
- Your PT prescription and protocol are in your post-op folder. **Please bring these to your PT visit.** We recommend PT 2–3 times per week for 6–12 weeks, starting within the first few days after surgery. If you have a splint or had fracture surgery, PT may not start until after your first post-op visit. Call Rachael for a list of recommended therapists.

Your Post-Operative Medications

Your prescriptions are sent at your pre-surgery appointment. **Pick them up before surgery to have them available immediately after surgery.**

Your Medication Plan at a Glance

Medication	How to take it	When
Tylenol (acetaminophen) 500 mg	2 tablets (1,000 mg) every 8 hours, on a schedule	Day of surgery x 14 days, then as needed
Celebrex (celecoxib) 200 mg	1 capsule twice daily with food	Day of surgery x 14 days (if hip arthroscopy or elbow, take every day, scheduled; otherwise take as needed)
Oxycodone 5 mg	1 tablet every 4 hours only if needed for severe pain	Only for pain not controlled by the above
Zofran (ondansetron) 4 mg ODT	1 tablet dissolved on the tongue every 8 hours as needed	Only if nauseated
Aspirin 81 mg	1 tablet twice daily	Starting the day AFTER surgery, for 5 weeks or until full weight-bearing on both legs (whichever is longer)
Journavx (suzetrigine) 50 mg (if able through insurance/coupon)	First dose 2 tablets on an empty stomach; then 1 tablet every 12 hours	Day of surgery; <u>preferred in place of oxycodone</u>
<i>Eliquis (apixaban) 2.5 mg (high clot-risk patients only)</i>	1 tablet twice daily	Days 1–5 after surgery, then switch to aspirin 81 mg twice daily from day 6

How your pain plan works: Tylenol and Celebrex are your foundation, taken on a schedule. Journavx, if prescribed, is added on a schedule and **should be used in place of oxycodone whenever you are able.**

Oxycodone is a backup for severe pain only. If your pain is not controlled, call **(972) 378-1438**. Do not add other medications without checking with our office or your pharmacist.

Additional Medications (Over the Counter)

- **Constipation:** we recommend OTC senna-docusate (Senokot-S) 2 tablets twice daily while taking opioid pain medicine, plus MiraLAX 17 g in 8 oz of liquid daily if no bowel movement in 2 days.
- **History of stomach ulcers or GI bleeding:** we recommend OTC omeprazole (Prilosec) 20 mg once daily before breakfast while taking aspirin and/or Celebrex.
- **Benadryl (diphenhydramine) for itching, mild swelling or rash:** 25 mg every 6 hours as needed. Causes drowsiness, especially with opioids. **Call 911 for swelling of the face, lips or tongue, or trouble breathing.**

Tylenol and Celebrex

- **Tylenol: do not exceed 3,000 mg per day from ALL sources.** Many cold/flu and sleep products (NyQuil, Tylenol PM, Excedrin) contain acetaminophen. Too much can cause serious liver damage.
- **Celebrex:** take with food. **Do NOT take other anti-inflammatories** (ibuprofen/Advil/Motrin, naproxen/Aleve, meloxicam, Excedrin, Goody's/BC powder); your aspirin 81 mg is okay. Inform our team if you have an NSAID allergy, kidney disease, bleeding disorders, or heart disease.
- **Celebrex risks:** stomach upset, ulcers and bleeding (higher with prior history of GI bleeds, use of blood thinners, age 65+, or alcohol), kidney injury (stay hydrated), and rash. **Call 911** for chest pain, shortness of breath, or stroke symptoms.

History of stomach ulcers or GI bleeding? Aspirin and Celebrex together can slightly increase the risk of stomach bleeding. **Tell us before surgery** and take omeprazole as listed above (tell us if you take Plavix).

Signs of stomach bleeding (stop aspirin and Celebrex and go to the ER): black, tarry or bloody stools; vomiting blood or coffee-ground material; severe stomach pain; feeling faint.

Journavx (Suzetrigine), Non-Opioid Pain Medicine

Journavx is an FDA-approved **non-opioid** pain medicine that blocks pain signals in the nerves. It is not a narcotic and has not been shown to cause addiction. It is prescribed only if covered by your insurance.

- **We recommend taking it in place of oxycodone whenever you are able.** Oxycodone may still be taken with it for severe pain.
- **Dosing:** first dose 2 tablets on an **empty stomach** (1 hour before or 2 hours after food), then 1 tablet every 12 hours with or without food. If you miss a dose, take it as soon as you remember. Do not use for more than 14 days.
- **Side effects** (uncommon): itching, muscle spasms, rash. **Call 911** for swelling of the face, lips or tongue, or trouble breathing.
- **Avoid grapefruit and grapefruit juice** while taking it.
- **Birth control:** Journavx can make hormonal birth control with a progestin **other than levonorgestrel or norethindrone** less effective (e.g., Nexplanon, Depo-Provera, NuvaRing, the patch, Yaz/Yasmin/Slynd). **Use condoms or another non-hormonal method while taking it and for 28 days after the last dose.** Tell us if you are pregnant or breastfeeding.
- **Drug interactions:** do NOT take with **ketoconazole, itraconazole, clarithromycin, ritonavir or Paxlovid.** **Diltiazem, verapamil and fluconazole** require a lower dose. Avoid rifampin, carbamazepine, phenytoin and St. John's Wort. Tell us if you have moderate or severe liver disease or kidney disease, and tell any new prescriber you are taking Journavx.

Oxycodone 5 mg (Opioid) and Alternatives

- 1 tablet every 4 hours **only as needed for severe pain.** Wean off as soon as you can. Your quantity is based on your procedure. If the pain is uncontrolled, it is okay to take two tablets (10mg total) for breakthrough pain.
- **If you are allergic to or cannot take oxycodone,** you may be prescribed a different opioid instead:
 - **Norco (hydrocodone/acetaminophen) or Percocet (oxycodone/acetaminophen) already contain Tylenol. Do NOT take your separate Tylenol while taking these.** Take them as directed on the label instead of your scheduled Tylenol, and never exceed 3,000 mg of acetaminophen per day.
 - **Tramadol does not contain Tylenol, so it is okay to continue your scheduled Tylenol with it** (Ultracet, a tramadol/acetaminophen combination, does contain Tylenol). Tramadol can rarely cause seizures or interact with antidepressants; tell us if you take an SSRI/SNRI or have a seizure history.

Zofran (Nausea) and Constipation

- **Zofran:** dissolve 1 tablet on the tongue every 8 hours as needed for nausea. May cause headache or constipation; tell us if you have a heart rhythm problem (long QT). Call if you cannot keep fluids down.
- **Constipation** is common with opioids: use senna-docusate and MiraLAX as listed above and drink plenty of water. **Call if no bowel movement in 3 days.**

Blood Clot Prevention (DVT Prophylaxis)

Surgery raises the risk of blood clots in the legs that can travel to the lungs, which can be life-threatening. Medication, walking and ankle pumps reduce, but do not eliminate, this risk.

- **Standard: aspirin 81 mg** twice daily **starting the day after surgery**, for 5 weeks or until full weight-bearing on both legs, whichever is longer.
- **Higher clot risk: Eliquis 2.5 mg** twice daily on days 1-5, then aspirin 81 mg twice daily from day 6 (do not take both on the same day). This applies if you smoke or use nicotine, take estrogen/hormone therapy, have a clotting disorder, active cancer, or a personal or family history of clots. **Tell us if any apply**, and tell us if you plan to fly or take long car trips in the first 6 weeks.
- **Already on daily aspirin 81 mg:** take the twice-daily course, then return to once daily. **On aspirin 325 mg:** resume it the day after surgery instead. **Already on a blood thinner** (warfarin, Eliquis, Xarelto, Plavix, etc.): restart it with timing as instructed by Dr. Wollenman's team.

Other Medications

- Resume your regular home medications unless told otherwise.
- **Calcium & vitamin D** (calcium 1,000-1,200 mg and vitamin D 2,000 IU daily for 1-3 months) support bone healing.

Opioid (Narcotic) Safety

- **Side effects:** drowsiness, dizziness, nausea, constipation, itching, and confusion. **Serious risks:** slowed breathing, overdose and death, dependence, withdrawal, and addiction. Risk is higher with sleep apnea (wear your CPAP), lung disease, or older age.
- **Never combine opioids with alcohol, other opioids, benzodiazepines (Xanax, Valium), sleep aids, muscle relaxers or marijuana.** Do not drive or make important decisions while taking them. Stand up slowly to avoid falls.
- **Naloxone (Narcan)** reverses overdose and is available over the counter; consider keeping it at home. **Call 911 if someone is very hard to wake or has slow or shallow breathing or blue lips.**
- **Refills:** call (972) 378-1438 during business hours, 1-2 days before you run out; plan ahead for weekends. Opioids are prescribed without refills, must be e-prescribed by Dr. Wollenman, and Texas limits acute-pain supplies to 10 days.
- Store opioids locked and away from children. Never share them. Dispose of leftovers at a drug take-back location (many pharmacies and police departments).

When to Call Our Office: (972) 378-1438

- **Infection:** fever above 100.4°F, chills, spreading redness, increasing swelling, or cloudy/foul drainage from the incision. **Blood clot:** calf pain, swelling, tenderness or warmth.
- Bleeding that soaks through your dressing; severe pain not relieved by medication, ice and elevation; numbness or color change in the hand/foot after the block wears off; rash or any concerning side effect.
- Persistent nausea or vomiting, no bowel movement in 3 days, or unable to urinate within 8 hours of getting home.

CALL 911 or go to the nearest ER for chest pain, sudden shortness of breath, coughing/vomiting blood, fainting, or signs of stroke. After hours, call **(972) 378-1438** for the on-call physician.

Post-Operative Nutrition

Colby Wollenman, M.D.

What to eat and which supplements to take after an injury or surgery

Your Diet

- **Eat protein at every meal.** Aim for 25–40 g, 3 to 4 times a day. Each of these is about one serving: a palm-sized piece of chicken, fish, or meat; 1 cup of Greek yogurt; 4 eggs; or a protein shake.
- **Do not diet.** Your body needs more fuel to heal, even though you are less active.
- **Eat fruits or vegetables at every meal** and drink plenty of water.
- **No nicotine. Limit alcohol.** Both slow healing.

Supplement	How Much	When
Everyone		
Vitamin D3	2,000 IU	Once a day
Calcium	500 mg	Once a day with food (twice a day if you eat little dairy)
Multivitamin	1 tablet	Once a day
Protein shake (whey)	1 scoop (20–25 g)	Once or twice a day, if you are not getting enough protein from food
Tendon or ligament repair or reconstruction — add:		

Supplement	How Much	When
Collagen peptides	15 g	30–60 minutes before physical therapy or home exercises
Vitamin C	500 mg	Take with the collagen
Fracture Healing— only if your surgery involved repair of a fracture		
Amino acid powder (arginine, glutamine, HMB)	1 packet	Twice a day for 2 weeks
Optional — to help protect muscle:		
Creatine monohydrate	5 g	Once a day
► How long: Start now. Continue for at least 12 weeks after surgery.		

Before You Start

- **Check with us first** if you have kidney disease, a history of kidney stones, take warfarin/coumadin, or are pregnant or nursing.
- **Buy quality products.** Look for “USP Verified” or “NSF Certified for Sport” on the label.