



Instructions After Surgery – Dr. Todd R. Borenstein

(Removal of Implant or Mass Excision)

EATING

- (1) Anesthesia, pain, and pain medications can all cause nausea.
- (2) Start with liquids and light foods (Jello, soup) and then progress to a normal diet.

MEDICATIONS

- (1) **Blood thinning medications such as Coumadin, Plavix, Eliquis, Xarelto, Heparin and low molecular weight Heparin derivatives (Lovenox, Fondaparinux, etc.) if prescribed by Dr. Borenstein or another provider, should generally be started again the day after surgery.** If you are taking any of the above medications, *which are usually taken for atrial fibrillation, heart valve replacements, previous strokes, and/or blood clots (deep venous thrombosis/pulmonary embolisms)*, Dr. Borenstein should have discussed specifically with you a plan for restarting the medication. If you have any questions, please contact the office.
- (2) **Pain Control:**
 - a. Take **acetaminophen (Tylenol)** as prescribed (1000mg every 8 hours as needed) unless you have health reasons that prohibit you from taking this medication (usually liver disease).
 - b. Take **ibuprofen (Motrin, Advil)** as prescribed (400-600mg every 8 hours as needed) unless you have health reasons that prohibit you from taking this medication (gastric ulcers, prescription blood thinners other than aspirin). **If your surgery included a bone fusion surgery or fixing a fracture that has not healed appropriately, do not take ibuprofen, naproxen (Aleve), meloxicam or any other nonsteroidal anti-inflammatory medications without discussing with Dr. Borenstein.**
 - c. Take **oxycodone** if prescribed only as needed for the first 5 days after surgery.
- (3) **Deep Venous Thrombosis prophylaxis:** If you do not normally take a blood thinning medication, Dr. Borenstein should have talked to you about minimizing the risk of blood clots in your legs and lungs, which can be deadly after surgery. Although the risk is

already small, the risk can be lowered further with a prescription blood thinner or **aspirin 81mg** twice a day for 4 weeks. If aspirin has been prescribed, stop only if it is causing stomach irritation or bleeding problems.

SMOKING/NICOTINE

- (1) No nicotine use of any form (cigarette, cigar, patch, gum, pipe, cigarette, hookah, electronic, vapor) is permitted for three months after surgery. Use of nicotine in any form can significantly increase the risk of infection, blood clots, failure of bone healing, and wound healing problems after surgery.

WOUND CARE

- (1) The soft dressing that you have on your extremity can be removed in 5 days and replaced with band aids or other dressing. You should avoid getting the dressings and incision wet or dirty, which can increase your chances of infection. Cover and protect the dressing and incision from any dampness when showering. For the original dressing, this can be done by carefully covering the dressing or splint with two layers of impermeable plastic bags and securing it with heavy tape. A hand towel can be wrapped around the leg above the dressing before covering with the plastic bag to catch any water that might leak past the tape. You may want to consider alternative cast/splint protectors which can be purchased at a pharmacy or online. After 5 days, a waterproof bandaid is often the easiest way to protect the incision while showering.
- (2) If you feel your bandage has become too tight, the most common cause is over-activity or lack of elevation causing swelling. A short period of elevation and rest usually relieves this sensation. If it continues to be a problem, you should call our office.
- (3) **If the splint or dressing is wet for any reason, please call our office for an earlier appointment.**

ACTIVITY

- (1) Remain non-weight bearing on the operative extremity after surgery for 5 days and then may start weight bearing as long as the incision is dry and there is no drainage.
- (2) **Elevate the operative foot and ankle as much as possible for the first 2 weeks.** Avoid standing for too long. When sitting, have another chair available for your foot and ankle. When lying down, have the foot and ankle elevated above the level of your heart with 2-3 pillows. Always support underneath the calf and not the heel when elevating to avoid heel pressure ulcers.
- (3) **Resting and elevating your operative foot and ankle will help more than anything else to decrease pain and protect against wound complications and infection.**

CONTACT

A follow-up appointment for 10-14 days after surgery should already have been made. Call to confirm if you are unsure. If you have fevers, chills, increased pain not controlled by prescribed medications, or any other concerns, please call the office at (626) 795-0282. After business hours, call Huntington Hospital (626) 397-5000, press 0 for the operator, and ask for the physician on call for Huntington Orthopedics.