

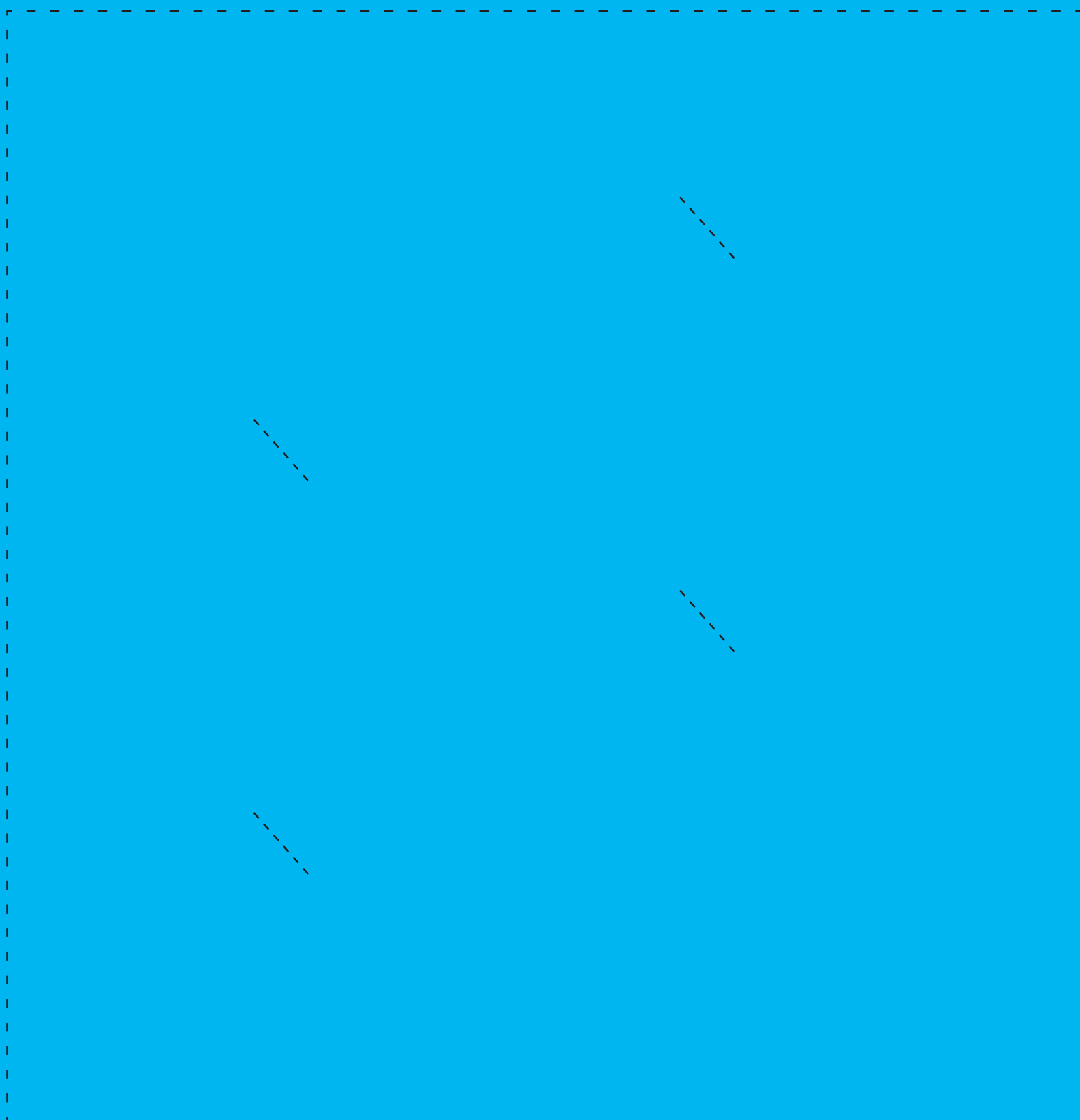
A close-up photograph of a hand holding a white golf ball. A white golf tee is inserted into the bottom of the ball. The hand is positioned as if about to swing a golf club. The background is a solid green color, and the overall image has a blue-to-green gradient overlay.

Journey Guide

for hand and upper extremity surgery

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At UT Southwestern Medical Center, we want your hand or upper extremity surgery and recovery to go as smoothly as possible. Our orthopaedics team will be by your side throughout your surgical journey. We are offering you this guide to help you prepare for surgery and better understand what to expect during and after surgery. Working together, we can get you back to normal activities in a safe and timely manner. Thank you for choosing us to be your surgical team.

Your Guide to a Successful Surgery

You're in great hands at UT Southwestern. We rank among the best hospitals in the nation for orthopaedics, according to *U.S. News & World Report*. This is based on a number of categories, including patient outcomes, volume of high-risk patients, key programs, services and staff, and professional recognition of the hospital.

UT Southwestern has one of the most comprehensive orthopaedic practices in North Texas. Our board-certified orthopaedic specialists are leaders in the newest surgical procedures available. We offer comprehensive surgical treatment plans that incorporate physical therapy before and after surgery for optimum results. Our orthopaedic surgeons are uniquely skilled, and they strive for the best outcomes.



Get Started

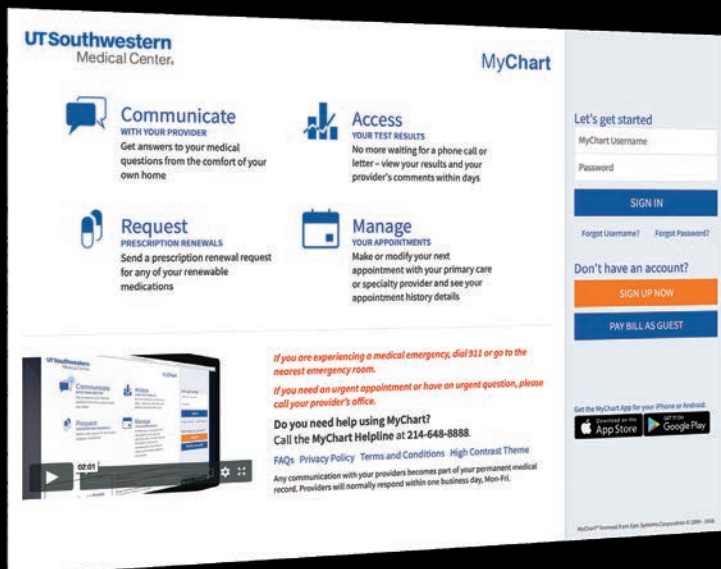
Use this booklet to help guide you through your hand or upper extremity journey.

- Bring it with you to appointments, therapy sessions, and your surgery.
- Review important dates, complete the checklists, and learn more about what you should and shouldn't do before and after surgery.
- Find key phone numbers inside, and use this guide to write down questions and take notes.

MyChart Electronic Medical Record

UT Southwestern offers patients an online health resource that allows you to communicate with your health care providers, request appointments and prescription renewals, and access portions of your UT Southwestern electronic medical record using an encrypted, secure internet connection.

If you are not already using MyChart and would like to, please call the MyChart help line at 214-648-8888 or ask for a sign-up link at your next appointment.



Patient	Surgeon	Procedure
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Important Dates and Activities

Event	Date (if applicable)	Time and Location	Notes	Completed
Imaging: Complete diagnostic testing (X-rays, MRI, or CT)				
Get healthy for surgery: Take important steps to prepare for surgery			Learn more on page 6	
Get ready for surgery: Surgery evaluation			Learn more on page 7	
Confirmation of surgery: The hospital will call one week prior to tell you what time to arrive			Learn more on page 15	
Preventing infections: Follow instructions to cleanse your skin			Learn more on page 15	
Discharge planning: Meet with your care team			Learn more on page 24	
Home journey: Visit with your home care team			Learn more on page 25	
Follow-up appointment: Talk about progress and next steps			Learn more on page 27	
Recovery and rehabilitation: Visit an outpatient therapy center			Learn more on page 27	

If you have any questions, please contact:

Name	Phone Number
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Your Orthopaedic Surgery Team

A team of orthopaedic professionals will care for you during your surgical journey. This team is committed to keeping you safe and providing compassionate, world-class treatment services.

Orthopaedic Surgeon

Your surgeon and surgical care team will guide your care and perform your hand or upper extremity surgery.

Physician Assistant (PA)

The physician assistant will work with your surgeon and other members of the team to manage your care.



Anesthesia Team

An anesthesia physician or advanced practice nurse will evaluate your anesthesia needs. This team is specially trained to keep you safe during surgery and in recovery.

Registered Nurse (RN)

Your nurse is trained in orthopaedics and will follow your surgeon's plan for your recovery. The nursing team will teach you how to stay safe and healthy during the various stages of your journey.

Occupational Therapist (OT)

Your occupational therapist will help you with progressive motion and strengthening exercises after surgery.





Getting Healthy for Surgery

It's important to be and feel as healthy as possible in the weeks leading up to your surgery. Review this section to take an active role in your health as you prepare for surgery.

Get Surgical Clearances

You must see your primary care physician for surgical clearance. You might also need clearance from your cardiologist, rheumatologist, neurologist, or other specialist. Your care team will let you know if additional clearances are required.

Choose a Personal Champion

- The person you pick will motivate you to be your very best during your journey. Select a family member or friend who can be by your side to help you stay on track to complete your checklists and be successful.
- Your personal champion will help you meet your surgery planning and recovery goals.
- Your personal champion will help you become independent faster. He or she will learn the appropriate exercises and encourage these daily activities when you go home.

- When you first arrive home, your personal champion can stay with you for a few days or visit daily. This home support will encourage you during your recovery journey.

Stop Smoking—It Will Help You Heal Faster

When you stop smoking, your body recovers faster, and infection can be prevented. We want to provide you with the best outcome; therefore, ***smoking cessation is strongly encouraged for all patients prior to hand or upper extremity surgery.*** *Smoking cessation and the discontinuance of all tobacco and nicotine-containing products are strictly enforced for patients scheduled for fusions and other bone-healing procedures to minimize the risk of nonunion (failure to heal).*

This includes:

- Smoking
- Dipping/smokeless tobacco
- Vaping
- Hookah
- Nicotine patches and gum

Please consider UT Southwestern's free tobacco cessation program to help you quit smoking or using tobacco products. It is led by facilitators certified in nicotine cessation. The program can help you change habits, reduce stress, and teach you how to prevent relapses. Call 888-980-6050 or email canceranswerline@utsouthwestern.edu for more information or to register.

Pay Attention to Nutrition

Start taking a multivitamin and increase your protein intake.

Eat well-balanced meals to be healthy for surgery. In addition, one month prior to surgery:

- Begin taking a multivitamin with iron, calcium, vitamin D, and zinc once a day.
- Begin drinking a nutritional protein shake or eating a protein bar once or twice a day.

Stop Certain Medications and Supplements Prior to Surgery

Make a list of your medications to go over with your care team. Pay attention to which medications you must stop prior to surgery. For specific medications **to stop taking 30 days prior to surgery**, see page 11. For specific medications to **stop taking seven days prior to surgery**, see page 14.

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.

You must tell your orthopaedic surgeon if you are on any anticoagulants (blood thinners), prednisone, or other medications for rheumatoid arthritis, psoriatic arthritis, or inflammatory arthritis.

- Blood thinners (Coumadin, Plavix, Eliquis, and others) will commonly need to be stopped for 5-7 days prior to surgery and may require the permission of your prescribing physician to do so.

- Immunosuppressant and rheumatoid/inflammatory medications also commonly need to be stopped prior to and following surgery to reduce infection risk. These medications must be discussed with your surgeon, rheumatologist, and/or another prescribing provider.

If you have any questions, do not hesitate to ask your surgeon or any orthopaedics team member.

Take Control of Diabetes

It is very important to control your blood glucose levels during your journey. When you control your blood glucose, you will heal faster, prevent wound complications, and assist in preventing infection. The orthopaedics team can assist you in finding help with your glucose control.

Find Out if You Need to Lose Weight

If you have an elevated body mass index (BMI), your care team will talk to you about losing weight before surgery and can make a referral to



a dietitian to assist you at the UT Southwestern Center for Human Nutrition (214-648-2890). Losing weight prior to surgery can help prevent an infection and further enhance the results of your surgery.

Prepare to Return to Work

If you work, start planning for when you can go back after surgery. Ask your surgeon's office for an estimated back-to-work

date. Understand that the type of work you do will determine how soon you can safely return to work. Contact your employer for the appropriate paperwork, and fill out your portion before bringing it to the clinic. FMLA paperwork can be dropped off in the clinic or faxed to 214-645-3301. Please allow 7-10 days for completion and physician signature. Please inform the staff where to fax the documents and if you need a copy.



An anatomical illustration of a human hand skeleton, showing the bones of the fingers, thumb, and wrist. The background is a solid teal color. The bones are rendered in a light brown/tan color with some darker shading to indicate depth. The thumb is positioned at the bottom left, and the fingers extend towards the top right. A dark, jagged line on the thumb's shaft indicates a fracture. A white rectangular box with a red border is overlaid on the left side of the hand, containing the title and introductory text.

Presurgery Countdown

It will take some time and effort to get ready for your surgery. Read the information in this section carefully, and ask questions if you need any clarifications.

2-4 Weeks Before Surgery

Pre-Op Anesthesia Testing

You will receive a phone call from a member of your presurgery testing team to determine if you are ready for surgical anesthesia. In some cases, the team member may determine that an in-person visit is needed, and it will be scheduled at that time. If you have had a recent stress test, echocardiogram, EKG, or pulmonary function test, please have your doctor's office fax these reports to the clinic at 214-645-3301 prior to your appointment.

Medications to STOP 30 days prior to surgery:

- Hormone replacement medications (estrogen, testosterone, progesterone, growth hormone, etc.)
- Birth control pills—stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery

Reminder: It is strongly recommended to stop smoking and/or using any tobacco or nicotine-containing products.

POSH Program Available to Help Seniors Prepare for Surgery

Presurgery Service

The UT Southwestern Perioperative Optimization of Senior Health (POSH) Program provides comprehensive evaluation of older adults who are planning to undergo surgery. It is designed to ensure surgery for our older patients is safe and that their recovery is smooth.

Postsurgery Service

After the procedure, UTSW POSH care team members continue to provide consultative management of medical comorbidities, make recommendations for delirium prevention, and assist with a safe transition out of the hospital.

Please let us know if you would like more information about this program, or call 214-645-8600 to contact the POSH Program directly.





The Week Before Surgery

Follow these instructions for safety and infection prevention.

Medications to STOP 7 Days Prior to Surgery:

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia); herbal products need to be treated as medicine, and natural substances can be harmful
- Anti-inflammatory medications, such as ibuprofen and naproxen
- Narcotic pain medications (discuss this with your orthopaedics team)
- Blood thinners (Coumadin, Plavix, Eliquis, and others) as discussed with your physician team



You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.

Expect a Phone Call Confirming Your Time of Surgery

You will receive a phone call to confirm your time of surgery. If you have further questions, call your surgeon's office.

Choose a Location for Therapy

Identify a preferred location (either at UT Southwestern or at a regional facility close to your home) for postoperative occupational hand therapy.

Do You Think You Might Have an Infection?

Call your surgeon's office if you feel sick, have a fever, or think you might have an infection of any kind, such as a respiratory, bladder, skin, or tooth infection.

Do You Have Any Open Wounds?

Check your skin for open sores, wounds, and rashes. If you have any questions, call your orthopaedic surgeon's office. Open wounds can increase your risk of an infection.

Are You Diabetic?

Check with your primary care physician for special instructions concerning your insulin dosage prior to surgery.

Complete the "Care-at-Home Checklist" on page 26.



Night Before Surgery

Please review each item and follow the instructions. Completing this checklist to the best of your ability will help ensure a safe and successful surgery.

- ☐ ***Eat a light dinner.***
Remember that you can't eat, chew gum, or use lozenges after 11 p.m. the night before your surgery.
- ☐ ***Keep drinking water.***
You may have up to 20 ounces of water or clear Gatorade between midnight and up to two hours prior to your surgery.

Diabetic patients may drink up to 8 ounces of clear apple juice up to two hours prior to their scheduled procedure if their glucose check prior to arrival is low or they are feeling symptomatic.

- ☐ Do not smoke or consume alcohol 24 hours prior to surgery.
- ☐ Shower the night prior to surgery with an antibacterial bar soap or bodywash.



- ☐ **Remove all nail polish from your fingernails and toenails.**
- ☐ **Don't shave.** It is especially important to avoid shaving near the area where you will be having surgery.
- ☐ **Do not use any lotion, powder, makeup, deodorant, or perfume.**
- ☐ **Wear freshly washed clothes and sleep in clean sheets.** This will help prevent infection.
- ☐ **Pack your bags if you have not already.** Please complete the "What to Bring" checklist on this page.

What to Bring to the Hospital

- ☐ A great attitude
- ☐ This journey guide
- ☐ Phone numbers of anyone you may want to contact
- ☐ An accurate medication list
- ☐ Your insurance card
- ☐ A photo ID
- ☐ A prescription card, if you have one through your insurance company
- ☐ Comfortable and loose-fitting clothing that will not be restrictive of your surgery site
- ☐ CPAP machine for sleep apnea, if you use one at home
- ☐ Copies of advance directives
- ☐ Containers for dentures, hearing aids, glasses, or contact lenses
- ☐ A responsible adult to transport you home following outpatient surgery; if you do not have arranged transportation, your procedure may be canceled

Please do NOT bring:

- Jewelry
- Valuables such as credit cards, checks, or large amounts of money
- Medications—your UT Southwestern care team will give you all necessary medications while you are in the hospital; if there is a special medication that you are concerned will not be available to you, please discuss this with your care team member

Day of Surgery

Please review the following information to help ensure a safe and successful surgery.

UT Southwestern Surgical Locations (check your location)

- William P. Clements
Jr. University Hospital
(CUH) 6201 Harry Hines
Blvd., Dallas, TX 75390
- Zale Lipshy Pavilion
(Zale)
5151 Harry Hines Blvd.
Dallas, TX 75390
- Outpatient Surgery
Center (OSC)
1801 Inwood Road
Dallas, TX 75390
- UT Southwestern
Medical Center at Frisco
12500 Dallas Parkway
Frisco, TX 75033

- Arrive two hours before your scheduled surgery (or when advised by the surgical team). Valet parking is available for patients and visitors for a small fee each day.
- Check in on the first floor, and you will be escorted to the presurgery area.
- In the presurgery area, we will review your medical history and medications and start an IV in your arm.
- The anesthesiologist will discuss an anesthesia plan with you. Your surgeon and the anesthesiologist have collaborated on the choice for your anesthesia based on your medical history and the type of surgery you will be having.
- Members of the orthopaedic surgery team will review the surgical plan with you and mark your surgical site. You will be given medication for comfort as well as antibiotics prior to surgery.
- Family/friends/your personal champion may stay in the presurgery room until surgery.
- Your doctor may request the anesthesia team to complete a nerve block prior to surgery for improved intraoperative and postoperative pain control depending on the specific nature of your surgery. A nerve block involves placement of numbing medication as guided by an ultrasound machine around nerves at the level of the shoulder on your operative arm. Your anesthesia provider will discuss risks, benefits, and details of this technique if appropriate for your surgery.

Reminder: Stop drinking all liquids two hours before your scheduled surgery time.



The background is a dark blue gradient with abstract, flowing teal and light blue shapes. A white silhouette of a person is visible in the lower-left quadrant, appearing to be in a dynamic pose. The overall aesthetic is modern and clinical.

What to Expect While You're in the Hospital

At UT Southwestern, we want to make your stay with us as comfortable and safe as possible. Here's what to expect.

A Word About Medications

We will use a combination of narcotic and non-narcotic medications to safely minimize your discomfort after surgery. Be open to trying this regimen; you will be pleasantly surprised how well it works. Narcotic medications may have side effects, which include nausea, vomiting, itching, drowsiness, constipation, and hallucinations, which can impede your recovery.

We will work with you to decrease your risk of addiction and abuse, which can be managed if the medications are used properly, for a short period of time, and for the right reasons. Non-narcotic medications can decrease the number of stronger medications used, which will reduce the risk of side effects. Our goal is to create a smooth, safe, comfortable recovery while reducing complications.

Pain Management

Your orthopaedics team will work with you to manage your pain after surgery. You will need to notify us with your call system when your pain starts to feel unmanageable. Please note that no pain medication will be scheduled. You will use a pain scale as a guide to ask for medication based on how you feel. We will strive to give you enough pain medication to keep you moving without leaving you feeling nauseous or sleepy.

Postsurgical Movement and Activity

Moving as soon as possible after surgery has been proven to enhance outcomes and minimize complications after surgery. With the aid of a physical therapist or nurse, you will get out of bed the same day as your surgery. Movement helps your circulation, breathing, and digestion. Movement will also reduce the risk of a blood clot (or

deep vein thrombosis) and will open up your lungs to prevent pneumonia and postoperative fevers.

Your safety and fall prevention are a priority, so please do not get out of bed without assistance from our team. Do not hesitate to use your call system any time you need help moving.

If you feel your needs are not being met while you are in the hospital, please do not hesitate to alert your nurse.

Blood Clot Prevention

Your surgeon and his or her care team will determine the medical treatment you need to prevent a blood clot.

After surgery, you will be given a blood-thinning agent based on your medical history. This could include aspirin or other medications used to help prevent blood clots.

Additional blood clot/deep vein thrombosis prevention measures:

- Wear the sequential compression devices while you are sleeping and when you are resting during your hospital stay.
- Take your deep vein thrombosis prophylaxis as prescribed after surgery.

You are encouraged to move your feet, ankles, and knees while in bed, and also to walk every one-and-a-half to two hours each day to increase blood flow, reduce swelling, and decrease joint stiffness.

Pneumonia Prevention

A member of the nursing team will bring a breathing device called an incentive spirometer to your room and teach you how to use it. This is to improve the movement of air and the airflow in your lungs. Getting out of bed to walk and using a spirometer will help you take deeper breaths and increase

airflow to the lungs. Spirometry also helps with postoperative fevers, so please use as directed by your spirometry team.

Nutritional Needs/ Gastrointestinal Issues

Some people can experience an upset stomach after surgery due to anesthesia and pain medication. You will have anti-nausea medication available after surgery; please notify the nurse if you need this medication. Eating small meals and taking frequent sips of water will help with nausea and dehydration.

Protein is an integral part of healing, so you will receive a protein drink with each meal, along with water. Drink plenty of fluids, especially water.

Some people can experience constipation due to anesthesia, pain medication, and lack of activity. The following medications may be included as a bowel regimen to prevent constipation:

- Colace—to be taken as a pill at breakfast and dinner

- Metamucil—midmorning in juice or water
- MiraLAX—midafternoon in juice or water once per day

Continue the use of a bowel regimen until your bowels return to their normal sequence. It can take a few days after surgery for a bowel movement.

Postoperative Occupational Therapy

Inpatient occupational therapy may begin in the hospital setting as directed by your surgeon's instructions, depending on your specific type of surgery and rehab plan.

Postoperative Surgeon and Physician Assistant Visit

Your surgeon will be by to see you after surgery. He or she will discuss your surgery and answer any questions, including your postoperative care for rehabilitation activities, ice, elevation, and prescriptions.

Drain

Your surgeon may place a temporary drain at the surgical site to remove postsurgical fluid and bleeding that would otherwise collect in the body. If a drain has been placed, the daily volume output will be monitored to determine the appropriate timing for drain removal.

Length of Stay

Although it is common to go home the day after surgery, you will have to successfully reach a few parameters before you are released. You will need to have your pain controlled on oral medications, and you must be approved to go home by the physical therapy team. This means you must be able to get

in/out of bed, walk to the bathroom, and demonstrate proficiency with simple activities of daily living. Please note that the length of stay in the hospital varies for different patients and their type of surgery. Every patient is unique.



The background of the slide is a medical X-ray image. The top half shows a close-up of the wrist and hand bones. The bottom half shows a forearm with a long, silver-colored metal surgical plate secured by several screws. The plate has a complex shape with multiple holes and a larger central opening.

Discharge – Going Home

Are you ready to leave the hospital?

Since the beginning of your journey, the team has been working with you through your preoperative care, surgery, and now your discharge home and rehabilitation. Our goal is to relieve your pain and get you back to the activities you enjoy. That requires active involvement on your part.

Throughout your stay we will be monitoring your progress, your strength and endurance abilities, and all of the resources required for your safe recovery.

You will be able to discharge from the hospital or outpatient surgery center

once your pain is controlled with oral medications and you have met all the safety parameters.

Review Your Discharge Instructions

A nurse will review your discharge information with you and your family. You will be given a prescription to manage postoperative pain. Please ask questions so you understand what is expected of you. Be sure to find your physician “discharge instructions,” which will include dates for follow-up appointments, information on dressing management, medications, icing, and elevation.

Leaving the Hospital

Whatever your destination, at the hospital you will be transported by wheelchair to the patient pick-up area. Be sure to gather all of your belongings. This

includes any dressings or incision care items that have been given to you at the hospital. You must have a responsible adult to take you home. You cannot drive home or leave the surgery center unescorted. You cannot take a taxi or Uber home. You should stay with another adult for the first 24 hours. You cannot drive a vehicle while taking narcotic pain medications after surgery.

Care-at-Home Checklist

- ☐ Stand up slowly to prevent feeling faint.
- ☐ Prevent stiffness by changing positions as much as possible or by taking short walks.
- ☐ Do not lift heavy objects.
- ☐ Go to all of your health care wellness checks.
- ☐ Do not consume alcoholic drinks until your follow-up appointment with your surgeon.
- ☐ Get up and walk every one-and-a-half to two hours.
- ☐ Ice your surgical site at least three times a day.
- ☐ Elevate your arm with your fingers pointed toward the sky for optimal swelling control.
- ☐ Complete recommended finger range-of-motion exercises 4-5 times per day.



Post-Op Instructions (Weeks 1-2)

Follow-Up Appointments

Your first postoperative visit will be scheduled within two weeks following surgery. In some circumstances, outpatient occupational therapy may be scheduled in advance of this visit, as required.

Dressing and Wound Care

- Please keep your surgical dressing(s) clean, dry, and intact. Please refer to your discharge instructions for information on whether your dressing(s) may be removed prior to your postoperative appointment.
- Do not apply any ointments or lotions to the wound until your first postoperative office visit.
- Wear a plastic bag over your dressing/splint whenever you take a shower or bath.
- Swelling is normal after surgery. Swelling is like water in that it runs

downhill. **Elevate your hand/arm so the surgical site is above your heart to decrease the swelling.** This is especially important for the **first 72 hours** after surgery.

- The best way to elevate your hand/arm is with your fingers pointing toward the ceiling and your hand/arm above the level of your heart.
- You can use pillows to help prop your hand/arm up when sitting or lying down.
- If you are experiencing pain, be sure you are elevating your hand/arm as often as possible.
- **Apply an ice pack** over your dressing/splint for **20 minutes of every hour you are awake for the first three days.** This can help to reduce swelling and inflammation. Be sure the ice pack is waterproof so it does not leak on the dressing/splint. A simple ice pack can be made by adding

ten ice cubes and a small amount of water in a small, resealable plastic bag. Seal the bag tightly and place it in a larger resealable bag. Apply to the area in pain.

- If the dressing feels too tight in spite of elevation, loosen the outer wrap, but do not remove the entire dressing.

Activity

- Bend and straighten the parts of your hand/arm that are not included in your surgical dressing or splint. Doing this at least five times a day will help decrease swelling and speed up your recovery. (This includes exercising your fingers when exposed so that you make a full fist (**see the drills on page 29 for specific hand exercises**).
- Continue to walk frequently because movement helps post-surgical circulation, breathing, and digestion and further helps to minimize the risk of blood clots.

Postoperative Care/Concerns

- You may experience some temporary numbness in your fingers.
- You should have very little to no bleeding on your dressing.
- Notify your hand and upper extremity team for any of the following:
 - Excessive pain not relieved by rest, elevation, and pain medications
 - Feeling that the dressing is too tight in spite of adequately elevating your hand/arm
 - Active bleeding through the dressing
 - Drainage from the wound site or pin sites
 - Foul odor from the dressing/wound

- Temperature greater than 101°F or chills
- Blue or excessively cold fingertips
- Numbness of the fingertips that does not improve in spite of adequately elevating your hand/arm

Pain Management

A prescription for a pain medication will be sent to your preferred pharmacy.

If you are discharged from surgery with a nerve block or pain pump, ***please remember to start taking your oral pain medication the day of surgery.*** Do not wait until the block wears off to start taking your oral pain medication because otherwise you will have difficulty trying to manage your pain.

- Do not take pain medication or anti-inflammatories on an empty stomach.
- It is illegal to drive while taking narcotic pain medication.

- Pain is a normal part of recovery after surgery. The pain medication provided to you will help to decrease your discomfort but will not completely eliminate the pain.
- Your pain should decrease over the first few days after surgery, which will allow you to take less pain medicine, increase the time between doses of medication, or stop taking all pain medicine.

Please refer to the Narcotic Considerations section on page 29.

Office Contact Number

- Dr. Daniel Koehler's office: 214-645-3300
 - Business hours (Monday-Friday, 8 a.m.-5 p.m.)
 - No prescription refills available after hours or on weekends

Narcotic Considerations

The orthopaedic hand surgeons at UT Southwestern Medical Center manage perioperative pain as well as the pain after an acute injury. Our surgeons do not manage chronic pain (pain three months after the injury/surgery) and will

refer patients seeking longer-term care for their painful condition to a pain management service or their primary physician, as those physicians typically establish long-term treatment relationships with patients.

Following elective hand or upper extremity surgery, a prescription for an opioid-based medication will likely be given to the patient. "Minor" procedures such as carpal tunnel release, trigger finger release, and ganglion excision will receive 10-20

Six Active Hand Exercises



- 1) Imaginary Tabletop:** Make a tabletop with your fingers by keeping your wrists and your fingers straight. Bend only at the knuckles.



- 4) Straighten Fingers:** Straighten your fingers as much as possible.



- 2) Knuckle Bend:** Keep your knuckles and wrist straight. Bend and straighten your fingers.



- 5) Make O's:** Make an O by touching your thumb to your fingertips, one at a time. Open your hand wide after touching each finger.



- 3) Make a Fist:** Make a fist, being sure each joint is bending as much as possible.



- 6) Table Spread:** Rest your hand on the table with your palm down. Spread your fingers wide apart and bring them together again.

tablets of Tylenol with codeine, tramadol, or Norco. Your surgeon will decide which is the most appropriate. Most other procedures will receive 20-30 tablets. Procedures that will need aggressive and continuous post-operative hand therapy (and adequate acute pain control during this period) may need a greater number of pain tablets to last during the therapy period. Your surgeon may discuss with you the reasoning behind the number of tablets that will be prescribed.

There are many things that a patient can do to manage their pain after surgery or after an acute injury:

- As much as possible, move the shoulder, elbow, and all other joints that are not immobilized by the post-operative dressing.
- Elevate the operated hand/wrist/upper extremity so that swelling can be reduced.
- Place ice and a few ounces of tap water in a small, sealed plastic bag, and place it on the outside of the surgical dressing. Keep it there until the operated part under the ice bag starts to feel cold. This can reduce both pain and swelling.
- Anti-inflammatory pain medication such as Advil, Aleve, generic ibuprofen, generic naproxen, or generic naprosyn can all be used in addition to the narcotics prescribed by your doctor.
- Prescription anti-inflammatory pain medication such as Celebrex, Indocin, or Toradol can be called in to your pharmacy if over-the-counter anti-inflammatory pain medications do not decrease the pain even when taken on a regular basis. These can be called in from 8 a.m. to 4:30 p.m. during the workweek.
- “Alternative” treatments such as acupuncture, meditation, and biofeedback can all be used to decrease postoperative pain.

The orthopaedic hand surgeons at UT Southwestern want you to be as comfortable as possible following your operation or your injury, and we want you to return to your level of active functioning as quickly as possible. Although narcotics (opioid medications) can have a role in obtaining pain relief after surgery or injury, the prolonged use of these highly addictive medications can—and do—have severe side effects. Even in patients who are not addicted, narcotics become less effective over time as the body becomes tolerant to the drug, and there is evidence that prolonged use may increase the body’s interpretation of

pain. The opioid epidemic in Texas is very real, and we as physicians are duty-bound to be as appropriate as we can be in the administration of narcotics.

When prescribed narcotics, you should start with a plan of how to wean off of them and where you will keep the drug to avoid any misuse by those around you. If you have any questions about our philosophy regarding the prescriptions of narcotic medications for the relief of pain following surgery or injury, please talk to your surgeon or his/her nurse or medical assistant.

Post-Op Instructions (Weeks 2+)

Dressing and Wound Care

- Sutures will be removed in the clinic setting at approximately 10-14 days following surgery. No bandages are required following suture removal when the wound is sealed and closed.
- Some recovery pathways may require continued casting or bracing for protection of the surgical site.
- You may wash and bathe the surgical site with soap and water. You may perform normal hand hygiene.
- Continue to elevate the hand or arm as required for management of continued postsurgical swelling.

Scar Massage

Scar massage is important after surgery because it helps to soften the skin and reduce scarring. It will also reduce itching and help the joints nearby move better.

The main point of scar massage is to mobilize the tissue by moving it in different directions.

Scar massage begins when:

- The skin is closed (usually after stitches are removed)
- The scar is pink in color
- No scabs are present

Use lotion enriched with either:

- Vitamin E
- Cocoa butter
- Lanolin

NO lotion should be used when the wound is open.

Massage the scar with your finger or thumb, moving the skin in three directions:

- Up and down the length of the scar
- Side to side across the scar
- In a circular motion over the entire scar

Perform scar massage for three minutes at least twice daily for several months following surgery.

- It will help make the incision disappear.
- It will help to prevent scar tissue beneath the skin, which can cause problems.
- It feels good.

Also, remember to wear sunscreen on your scars when you are in the sun for prolonged periods of time – this is most important for the first 12 months after surgery!

Activity

- Specific patterns of motion and exercise will be prescribed for your continued rehabilitation. The recommended exercises will be unique to your specific surgery and pattern of recovery.

- Typically, a postsurgical outline will first pursue range-of-motion exercises followed by strengthening.
- Many patients will benefit from outpatient occupational therapy as guided by a certified hand therapist. Occupational hand therapy can be completed through the team at UT Southwestern or at a regional center closer to your home.



Staying Healthy

Eat Healthily

Eat a balanced and healthy diet and manage your weight.

Stay Smoke-Free

Being smoke-free means you care about practicing preventive medicine. Also, try to avoid smoking environments. Secondhand smoke can increase your risk of poor healing and infection.

Live a Healthy Lifestyle

You can maintain better health by being aware of certain aspects of your body. Proper blood pressure, glucose levels, cholesterol, and weight are necessary to maintain a healthy body. This commitment to ensuring your body is healthy should be lifelong—not just during the period of your surgery. Improve your overall health by getting checkups regularly to live your best health at any age.

Exercise to Keep Your Body Strong

Once you are cleared by your surgeon, try to exercise regularly (such as walking), three to four times per week, 20 to 30 minutes at a time. This commitment will allow you to maintain your strength, balance, and especially good posture. Proper mechanics and posture will help your joints to function in a smooth and pain-free manner. Try to do a variety of exercises, including weightlifting, bodyweight exercises that use your own weight to provide resistance against gravity, and aerobics (such as walking, biking, and swimming).

Important Phone Numbers

- William P. Clements Jr. University Hospital:
 - Guest and Patient Services
214-633-4710
 - Admissions Department
214-633-4140
 - Zale Lipshy Pavilion:
 - Guest and Patient Services
214-645-4101
 - Admissions Department
214-645-4637
 - UT Southwestern Outpatient Surgery Center:
 - Guest and Patient Services
214-645-3395
 - Admissions Department
214-645-6730
 - UT Southwestern Orthopaedic Surgery Clinic – Dallas:
 214-645-3300
 - UT Southwestern Orthopaedic Surgery Scheduling:
 214-645-0988
 - UT Southwestern Medical Center at Frisco:
 469-604-9000
 - Financial Counseling (for all locations):
 214-633-4036
 - POSH Program – Division of Geriatric Medicine:
 214-645-8600
 - Tobacco Cessation Program: **214-761-3139**
 - UT Southwestern Center for Human Nutrition:
 214-648-2890
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- Home Health Agency:
-
- Outpatient Therapy Center:
-
- Primary Care Physician:
-
- Dentist:
-
- Specialist(s):
-

Notes and Questions

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