

Wound Care

- Keep the dressing dry and intact for 48 hours. You may remove the dressing after 48 hours.
- Your wound is covered by a water-proof dressing. You can begin showering earlier than 48 hours, as long as the water-proof dressing remains intact and the wound remains dry. After 48 hours, the dressing can be removed for showering. Do not scrub/soak/submerge/spray the wound. Allow water to pass over the wound, and pat dry afterwards. Then redress the wound.
- Redress the incisions with an adhesive bandage (i.e. Band-Aid), and change the dressing daily until your first post-operative evaluation.
- It is not uncommon to notice drainage after surgery. If the dressing becomes saturated, replace the dressing with a dry sterile dressing (4x4 sterile gauze and Ace wrap). Notify Dr. Kowalsky and his care team if you notice continued drainage or saturation of the dressing.
- Do not use any ointments or creams on the wound until cleared by Dr. Kowalsky.
- Avoid sun exposure to the wound to avoid darkening or thickening of the scar.

Activity

- Rest on the day of surgery, and gradually resume activities thereafter, as tolerated .
- Use crutches for comfort during the immediate post-operative period. You can bear full weight on the operative extremity. Discontinue the crutches when comfortable walking independently.
- Apply ice to the operative site every 1 –2 hours for the first 72 hours, when awake. Continue icing 3 times daily until your first post-operative evaluation. You can continue icing more frequently as needed for soreness or swelling. Do not leave ice on the operative site for more than 20 minutes. When using ice over the dressing, take care to keep the dressing dry. Do not apply ice directly to the skin. Always make sure there is a towel or fabric between the ice and skin.
- Elevate the operative leg as much as possible above heart level by placing two pillows under the calf. Do not place pillows beneath the knee.
- Continue compression stocking for one week.
- There are no universal or specific guidelines for driving after surgery, and there is no specific test or criteria to determine when it is safe to drive. Most patients will wait at least 2 weeks to drive, and some will wait longer after more significant procedures. If you require opioid medication to control post-operative pain, you should not drive. For patients who have had left knee surgery, the knee has to be able to bend enough to safely operate the pedals. When you do begin driving, exercise caution, drive short distances in perfect conditions, and observe defensive driving strategies

Physical Therapy

- Begin home exercises on the day after surgery. You will be given instructions for these exercises when you are discharged from the surgery center.
- Begin physical therapy within 3 days of surgery. You may have been given a prescription for PT during your preoperative evaluation. You will also be given a prescription for PT on the day of surgery.

Diet

- When you are ready to begin eating, begin with clear fluids. If you tolerate this diet well, transition to a normal diet as tolerated.

Medication**Inflammation**

- Ketorolac 10mg tablet: 1 tablet every 8 hours for 3 days
- Celebrex 200mg tablet: 1 tablet every 12 hours for 1 week
- Naproxen 500mg tablet: 1 tablet every 12 hours for 1 week

**Do not take more than one anti-inflammatory at the same time. If prescribed ketorolac, begin taking other anti-inflammatory medication only after you have finished ketorolac prescription.*

Nerve Pain

- Gabapentin 300mg tablet: 1 tablet every evening for 5 day

Pain

- Tylenol 500mg tablet: 2 tablets every 8 hours
- Oxycodone 5mg tablet: 1-2 tablets every 4-6 hours as needed for severe pain

Constipation

- Senna S: 1 tablet every 12 hours as need, use when taking oxycodone

Blood Clot Prevention

- Aspirin 81mg: 1 tablet daily for 2 weeks

Follow-up

- Follow-up in the office 10-14 days after surgery. The appointment has likely already been scheduled. Please call Dr. Kowalsky's coordinator, Mario at (203) 869-1145 extension 2001 to confirm the appointment.
- Call the office immediately, or present to the Emergency Department, if you observe any of the following:
 - Fever (T > 101.5F)
 - Chills/malaise/night sweats
 - Redness/persistent drainage/persistent bleeding from the incision
 - Persistent significant pain, not controlled with prescribed medication
 - Persistent or worsening numbness/tingling
 - Persistent nausea or vomiting
 - Hives/itching/rash
 - Increasing calf pain, or leg swelling
 - Shortness of breath or chest pain