

MEDIAN & ULNAR NERVE SURGERY CARE PATH

Pre and post-operative information to help guide you through surgery.



Phone Contacts:



FOR SERIOUS MEDICAL EMERGENCIES CALL 911

Office Hours are Monday – Thursday 8:00am – 5pm, and Fridays 8:00am – 4pm

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**If after hours, call (920) 882-8200 or (888) 231-5236 and ask for the
Physician on call**

Do's & Don'ts for a Positive Recovery:

Let pain be your guide. If it is causing pain, don't do it!

What to AVOID:

DO NOT use your time off after surgery to catch up on household chores, physical work, or heavy labor.

DO NOT use operative hand for the first 3-5 days. After 3-5 days use operative hand only for tasks such as dressing and eating until your sutures are removed.

DO NOT use exercise equipment until you have talked with your provider.

DO NOT take a bath, swim or other activities that would involve submerging the incision under water until it is well healed (2-3 weeks).

DO NOT apply heat to incision.



What Is Allowed After Surgery?

DO elevate your operative hand above the level of your heart for the first 72 hours.

DO move fingers frequently.

DO apply ice.

DO bend your wrist and elbow frequently AFTER compression dressing is removed and instructed by physician.



Pre-surgical Clearance:

Clearance appointments help providers determine that overall health conditions are optimal for surgery, or if additional interventions are required to decrease surgical risks.

Our office will assist you in scheduling all necessary appointments before surgery. It is important to have your exam and tests completed prior to your surgery to prevent possible delays.

Your Physical Exam:

You will need to have a physical exam within 30 days of surgery. Our surgery coordinators will schedule an appointment most likely with your primary care physician, or another provider in their office.

Other Tests before Surgery:

Labs, x-rays and other tests may be ordered in anticipation of surgery. The provider completing your physical exam may also order additional testing if necessary. Exam results will be shared with your provider prior to surgery.

Medications before Surgery

Following instructions from your care team will prevent your surgery from being delayed. Several medications, herbal supplements, and vitamins can have effects on bleeding, swelling, increase risk of blood clots and cause other problems if taken around the time of surgery.

A complete list can be found in the Pre-op folder on the yellow "Medication to Avoid Before Surgery" sheet.

Medications to discontinue 1-2 weeks prior to surgery

- ❖ **ALL ASPIRIN PRODUCTS**
- ❖ **ALL NSAIDS** (Nonsteroidal anti-inflammatory medications) including:

*Motrin (Ibuprofen)

*Aleve (Naproxen)

*Advil

*Voltaren (diclofenac)

*Excedrin



You may also be required to stop other anticoagulation medications such as Plavix, Coumadin, and Warfarin. If you have a questions regarding medication instructions prior to surgery, please contact your physician to clarify instructions.

Smoking Cessation:

Nicotine and tobacco products increase the risk of postoperative complications.

Quit Smoking before Surgery

Smoking before surgery increases risk after surgery and slows the healing process. It can lead to:

1. Lung problems during and after surgery, including pneumonia.
2. Infection and poor wound healing.
3. Degeneration of your spine and discs.

Smoking cessation includes tobacco products, smokeless tobacco products, chewing tobacco, nicotine patches and nicotine gum.

Your surgeon may decide to postpone or cancel surgery if you have NOT quit smoking as directed.



Resources to Help You Quit

- ❖ Wisconsin Tobacco Quit Line: (toll free) at 800-Quit Now 800-784-8669
- ❖ The [National Alliance for Tobacco Cessation](#) provides the latest information on how to quit smoking with its program called “Become an EX.” Proven methods to teach smokers how to quit and stay quit are provided.
- ❖ ThedaCare Tobacco-Free Program at 920-831-5064

Preparing Operative Site for Your Procedure:

Following these instructions will reduce your risk of infection.

Shower Instructions before Surgery

Instructions: Use Hibiclens or CHG 4% antimicrobial liquid soap for 2 consecutive days prior to surgery. (Unless otherwise instructed)

1. Wash face, hair & body with your own soap/shampoo in the shower; rinse thoroughly.
2. Using your antimicrobial soap and a clean washcloth starting from the neck down, wash your entire body for a minimum of three minutes. Pay close attention to the area of surgery. Let soap stand for an additional 60 seconds. **AVOID CONTACT WITH EYES.** Rinse thoroughly. Dry off with a clean towel.
3. Do not apply any lotions, powders, or creams to the surgical area after cleansing morning of surgery.
4. Repeat steps the day of surgery as well.
5. *If rash or allergic reaction occurs, stop using.*
6. Dress in clean clothes when shower is completed.



Hibiclens/CHG 4% can be purchased over the counter in the pharmacy area at many major retail outlets and drug stores.

Shaving

Do not shave surgical site within 48 hours of surgery.

What to Bring to the Surgery Center:

- ❖ List of current medications and with time and dosage information
- ❖ A copy of your Power of Attorney paperwork
- ❖ Important phone numbers of friends and family
- ❖ Creature comforts such as books, magazines, or lip balm
- ❖ Form of ID & insurance card
- ❖ Walker if you are using one prior to surgery
- ❖ Wear loose fitting, comfortable clothing
- ❖ Do **NOT** wear contacts the day of surgery; wear your glasses.
- ❖ Do **NOT** bring non-essential valuables to surgery center/hospital

The Day before Surgery

DO NOT eat or drink anything after midnight, INCLUDING WATER AND COFFEE, unless otherwise directed by your provider. Eating or drinking the day of surgery may cause your surgery to be rescheduled or cancelled.

DO NOT chew gum after midnight.

NO alcoholic beverages or smoking 24 hours before your surgery.

YOU MAY TAKE any medications you were instructed to with a sip of water the morning of surgery.

Remove nail polish from fingernails.

Remove all jewelry, and piercings. Your surgeon may be required to cut-off items during surgery if not previously removed.



If You Get Ill Morning Of Surgery:

What to do if you are not feeling well the morning of surgery

When having surgery or anesthesia, it is important that you are in the best possible health. If you have a new illness or a flare up of an old condition not related to the reason for your surgery, sometimes the safest practice may be to delay the procedure until you are well.

Don't assume that your surgery will be delayed if you are sick. If the procedure is urgent or your illness is related to the surgical problem, then it might be best to go ahead with the procedure as planned.

Contact our office as soon as you think you may have an illness that may delay surgery.

If you get sick on the day of your surgery call the Surgery Center where your surgery is scheduled and ask to speak to the nurse in charge.

Theda Clark Medical Center: 920-729-3336
Aurora Medical Center: 920-303-8708
Orthopedic and Sports Institute of the Fox Valley: 920-731-3111
Mercy Medical Center: 920-223-1486

Examples of Conditions that May Delay Surgery Include:

Cold or sinus infection within two weeks of surgery
Pneumonia or bronchitis within a month of surgery
Stomach virus or flu
Fever
Wheezing
Chest pain which is worse than usual
Diabetes severely out of control
Infected skin, lesions or rash in the area of surgery

If your surgery is canceled, contact our office to reschedule. Preoperative testing may or may not need to be repeated.

When You Arrive at the Surgical Facility:

When you arrive to the surgical facility you will be brought back to the pre-operative area. Things to anticipate while you are there:

- ❖ You will be asked to remove clothing (including socks and underwear) and change into a gown.
- ❖ Before going back to the surgical area, you will also need to remove any contact lenses, dentures, jewelry, or any other removable items. Your personal belongings will be stored in a safe place and returned to you after surgery, or they can be given to your visitors to hold while you are in surgery.
- ❖ An IV will be started and vital signs taken. Any additional lab work or testing will be done if requested by your surgeon.
- ❖ You will be asked to complete and sign your Surgical Consent and other required paper work.
- ❖ You will meet your Anesthesiologist and Operating Room Nurse.
- ❖ You will then be taken to the surgical area on a patient cart. At that time, if any visitors are still with you, the nurse will direct them to the waiting area. When surgery is done, your surgeon will communicate how surgery went with family/friends that may come with you that day.
- ❖ Once in the operating room, monitors will be placed to help observe your blood pressure, oxygen levels and cardiac activity. Anesthesia will then be started.



Anesthesia and You:

To help ensure your comfort, anesthesia will be administered before and during your procedure. Your anesthetic will induce sleep with medications given through your IV.

Ensuring that you're well-informed

The anesthesiologist will meet with you prior to surgery. This is a great time to discuss past experiences with anesthesia or questions and concerns you may have.

If you have experienced motion sickness and/or nausea in the past, please inform our anesthesiologist before your surgery.

Post-operative nausea

Recently introduced drugs help prevent post-surgery nausea. If you are at high risk for experiencing nausea and vomiting, rest assured that you will be given appropriate medication before and after your surgery.



Pain Medications:

For post-operative pain management, follow the medication plan provided to you by your surgeon.

If you have an allergic reaction or intolerance to the prescribed medications, contact our office to have your current treatment plan adjusted.

Narcotic pain medications are effective in diminishing pain perception and can effectively manage acute pain, such as surgery. The goal is for short term use. NSAIDs (e.g. ibuprofen, naproxen, Aleve, Motrin, or Aleve) should be restarted *after* surgery to help decrease the need for narcotic medications.

Patients taking narcotic pain medications can experience nausea, confusion, drowsiness, and constipation. Use these medications only as prescribed and *as needed*. After the first 24-48 hours, switch to or supplement with over-the-counter pain medications to decrease the amount or need for narcotic pain medication. Icing and ambulation/walking should be done whenever possible for additional pain control. **Make sure you eat 5 minutes before taking narcotic pain medicine**



Wisconsin healthcare providers are taking a step in the right direction! The number of prescribed opioids declined 18% from 2010 to 2015.

<http://doseofrealitywi.gov/drug-takeback/find-a-take-back-location/>

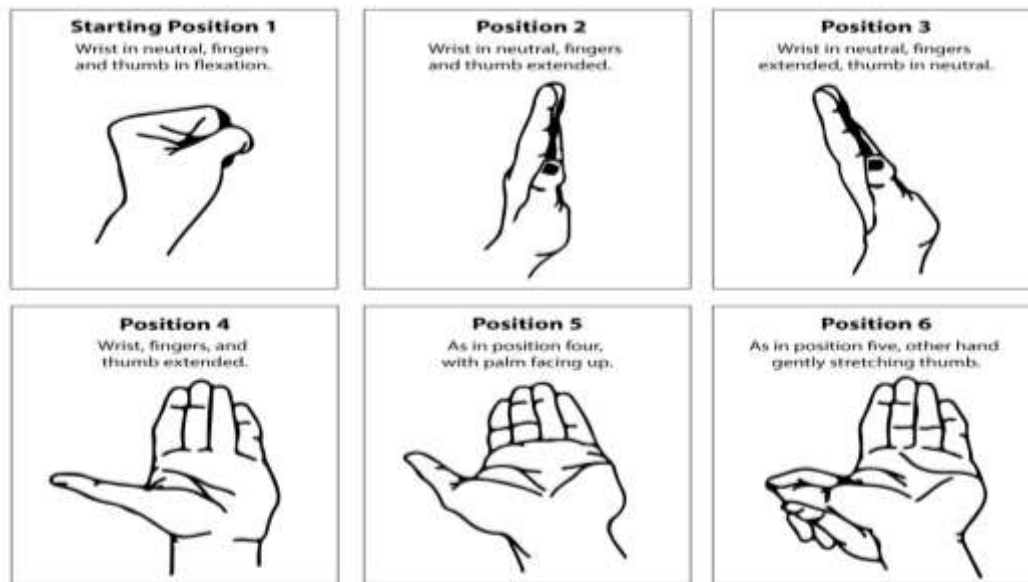


*** Percocet, Hydrocodone, Oxycodone, OxyContin, Vicodin, Morphine and Dilaudid all require a hand-written prescription for refills. They can NOT be called in. **Refills should be requested at least 24HOURS PRIOR.** NeuroSpine Center hours are Monday -Thursday 8 AM - 5 PM and Fridays 8 AM - 4 PM

Never flush or drain unused narcotic medication. Whenever possible, take unused prescription drugs to a collection program or event. To find the nearest location go to:

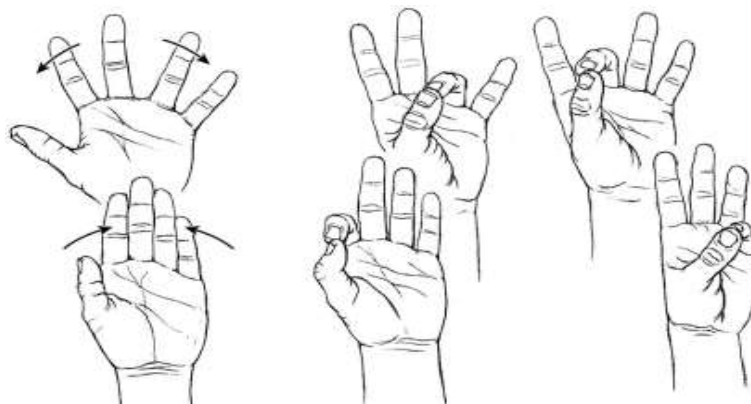
Range of Motion and Flexibility Exercises:

Movement can help keep your joints and tendons flexible, reduce pain, and improve strength.



Repeat the above exercise 3-5 times. Do the movements slowly.

Do not stay in position 6 for any length of time. Stop and return to position 1 if you feel a strong pull at any stage.



Fan fingers in and out, and thumb to tip touches

Caring for Your Incision Site:

Some shadowing on your dressing is normal. You should note decrease of drainage over the first few days.

How to Care for Your Incision

- ❖ Keep your wrap/dressing clean, dry and intact until your first office visit.
- ❖ When showering/bathing wrap in a plastic cover.
- ❖ Do not submerge in water until wounds have completely healed.
- ❖ Do not put cream or ointments on the wound.
- ❖ Sutures will be removed during an office visit approximately 2 weeks after surgery.

Infection Prevention:

You play a very important role in preventing post-surgery infection. Although the risk of infection is minimal, it's important to follow these guidelines:

Signs of Surgical Site Infection

- ❖ Redness, warmth, and increased pain at incision site
- ❖ Fever above 101
- ❖ Cloudy or foul smelling drainage from your surgical site

Call your provider immediately if you notice any of the above signs of infection (920)882-8200

Hand Washing: Before and after each dressing change.

1. Wet your hands.
2. Apply soap.
3. Vigorously rub your hands together for **20 seconds**.
4. Rinse.
5. Dry your hands completely with a clean towel.
6. Using your towel, turn off the faucet.

If soap isn't available, please use a hand sanitizer.

Infection Prevention:

Smoking:

Research shows that those who smoke or are exposed to second-hand smoke have a significantly increased risk of developing an infection.

Diabetes:

This disease can slow down your body's ability to fight infection. High blood sugar (glucose) leads to high levels of sugar in your body's tissues. When this happens, bacteria grow and infections can develop more quickly. It's important that you maintain your glucose level within the recommended range. It is common to notice an increase in your blood sugar levels after surgery due to stress on your body and medication you may be taking.

Home Environment:

Although they are not visible, bacteria are everywhere. While you recover, it's important to keep your home environment as clean as possible.

Pets can be a source of infection for patients who have open surgical wounds. Air polluted with second-hand smoke, or with germs of someone who may be sneezing and coughing, can also be a source of infection.

