

SURGICAL BOOKLET

JOURDAN M CANSIENNE, MD



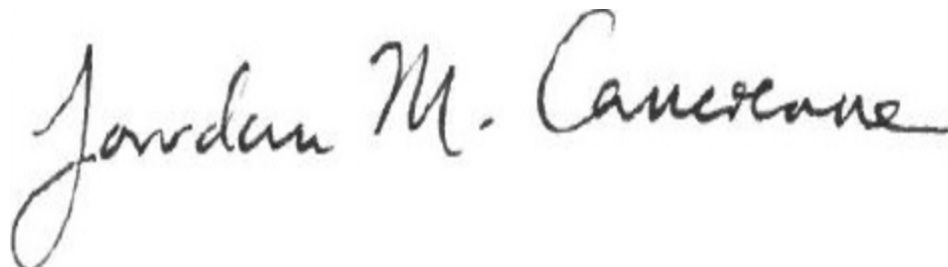
**MIDWEST
ORTHOPAEDICS
AT RUSH**

Dear Valued Patient,

Thank you for allowing our team to take care of you. Providing you with the highest quality of care is our most important goal. As part of this commitment, we have created this booklet as a guide for your upcoming procedure.

Please thoroughly read through all the necessary sections in preparation to your surgery day. We hope that this information is helpful in reducing any unnecessary anxiety surrounding the procedure, while also serving as the first step towards a more pain-free and active lifestyle. Our website, jourdancanciennemd.com contains more information specific to your upcoming procedure. If you have any questions or concerns, please do not hesitate to call (708) 492-5964 or email canciennepractice@rushortho.com.

Sincerely,

A handwritten signature in black ink that reads "Jourdan M. Cancienne". The signature is written in a cursive, flowing style.

Jourdan M. Cancienne, MD

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IMPORTANT CONTACT INFO

Keep this information close as you might need these numbers during your recovery.

Administrative Assistant

For questions regarding appointments and scheduling call Liesl at (708-492-5964) or email canciennepractice@rushortho.com

Physician Assistant

For medical concerns call Dr. Cancienne's PA Gianna at (708) 492-5974

Billing Questions

(708) 236-2607

Medical Record Requests

(312) 432-2316

Durable Medical Equipment

(708) 492-5921

Evenings, nights and weekends, call Dr. Cancienne's Team

Call (312) 243-4244 and ask for Dr. Cancienne or go to your local emergency room.

IMPORTANT DATES

Location of Surgery:

RUSH OAK BROOK SURGERY CENTER

2011 York Road
Oak Brook, IL 60523

RUSH UNIVERSITY MEDICAL CENTER

1620 W. Harrison St.
Chicago, IL 60612

AMSURG SURGERY CENTER

998 129th Infantry Dr
Joliet, IL 60435

Center for Minimally Invasive Surgery

19110 Darwin Dr. Suite A.
Mokena, IL. 60448

RUSH SURGICENTER, LP

1725 W. Harrison St,
Suite 556 Chicago, IL
60612

Elmhurst Hospital

155 E Brush Hill Rd,
Elmhurst, IL. 60126

RUSH OAK PARK HOSPITAL

520 S. Maple Ave Oak
Park, IL 60304

Initial Post Operative Appointment

Your initial post operative appointment should be scheduled within 14 days of surgery.

Location of Initial Postoperative Appointment:

MIDWEST ORTHOPAEDICS AT RUSH JOLIET

963 129th
Infantry Dr. Joliet,
IL 60435 (708)
492-5900

MIDWEST ORTHOPAEDICS AT RUSH NAPERVILLE

55 Shuman Blvd.,
Suite 700 Naperville,
IL 60563

CHECKLIST

Before Surgery

- Obtain Preoperative Clearance and have results faxed to the office 2 weeks prior to surgery if instructed to by Dr. Cancienne's staff. Failure to do so may result in rescheduling your procedure.
- Schedule your initial post-operative physical therapy session.
 - Knees: most will begin PT within 1-2 days of surgery
 - Shoulders: will not begin therapy until instructed by Dr. Cancienne
- Set up an initial postoperative appointment with our office.
- **Medications:** Stop taking medications as instructed per your PCP.
 - **2 weeks before surgery** stop dietary supplements, narcotics, and NSAIDs.
 - **7 days before surgery** stop blood thinners unless instructed otherwise by the prescribing provider.
 - **24 hours before surgery** stop alcohol use.
- **Durable Medical Equipment** Get fitted for braces, crutches and review cold therapy units before surgery, if indicated. Cold therapy is effective at reducing pain and swelling postoperatively - it is always a good idea to use cold therapy.
- **Pick up post-operative medications:** Medications are sent to your pharmacy on file 2 days prior to surgery. Do not take any of the prescribed medications until after surgery.
- **Midnight the night before surgery** Do not eat or drink between now and your surgery.
- Financial obligation form if applicable.
- Submit proof of COVID-19 Vaccination or the result of a negative COVID-19 test that was performed within 72 hours of surgery.

CHECKLIST

On The Day of Surgery

Arrive on time to surgery center or contact either our office at (708-492-5964) or the appropriate surgery center if unforeseeable delays arise.

Please Bring

- This booklet!
- A legal picture identification.
- Insurance Card.
- Assistive devices/Braces/Cold Therapy that you might have.
- Paperwork if not submitted previously.
- Medication list.
- non-slip, flat, closed toe, athletic or walking shoes.
- One credit card if needed for the day.
- A book, magazine or hobby item.

CHECKLIST

After Surgery

- ✓ **Pain Management** Please refer to the Pain Management section, then contact our office if pain is not well managed.
- ✓ **Wound Management** Please refer to wound management section.
- ✓ **Diet** Resume normal diet the day of surgery
- ✓ **Preventing Blood Clots** Do the home exercises, take aspirin or other anticoagulant as instructed.
- ✓ **Physical Therapy** Start when instructed based on discharge instructions

BEFORE SURGERY

BEFORE SURGERY

1. Do I Need Preoperative Clearance?

If indicated, you will be required to obtain preoperative medical clearance. If you require preoperative clearance and do not currently have a primary care doctor, please let us know and we can assist in locating one for you. Once you have a surgical date, contact your PCP or one of the following practices to schedule your appointment within 30 days of your surgical procedure.

If the PCP requires additional screening after the initial evaluation, it is the patient's responsibility to obtain further testing before proceeding with surgery.

If any specialists (such as a pulmonologist or cardiologist) are involved in patient care, additional clearance from the respective specialist is required.

Medical clearance results may be either faxed to (708) 409-5179, Attn: Dr. Jourdan Cancienne office or emailed to canciennepractice@rushortho.com.

Medical clearance must be obtained within 30 days of surgery. Please ensure our office has received clearances at least 14 days prior to your procedure. Failure to obtain medical clearance may result in rescheduling of surgical procedures for the safety of the patients.

2. Postoperative Appointments

Office visit: Make a post-surgical office appointment as directed by our team.

Physical Therapy Appointment: You can make arrangements to attend physical therapy following surgery **as indicated on your discharge instructions**. You will get the prescription at the time of surgery, but you can make the appointment before. Plan on attending outpatient physical therapy at least 2-3 days per week at the beginning of the recovery process. ***Please remember to bring both the prescription and the protocol you received on the day of surgery to your initial physical therapy visit.***

BEFORE SURGERY

3. Medications To Stop Before Surgery

14 Days Before Surgery, You Need to Stop:

- Any Narcotics (such as Vicodin, Norco, Darvocet, Percocet or Oxycontin).
- Stop NSAIDs (Advil/ibuprofen, Aleve/naproxen, etc.) * If pain is severe, Advil is allowed on an as needed basis.
- Discontinue Diet Supplements (i.e. Phentermine)

Blood Thinners

Medication	Stop
Aspirin	You may need to change your dose*
Plavix (clopidogrel) Effient (prasugrel) Persantine (dipyridamole) Ticlid (ticlopidine) garlic, ginkgo biloba, turmeric, vitamin E, fish oil	7 days before your surgery*
Coumadin (warfarin) Brilinta (ticagrelor)	5 days before your surgery*
Pradaxa (dabigatran)	4-6 days before your surgery*
Xarelto (rivaroxaban) Eliquis (apixaban) Savaysa (edoxaban)	3 days before your surgery*
Heparin Fragmin (dalteparin) Integrilin (eptifibatide)	24 hours before your surgery*
Lovenox (enoxaparin)	12-24 hours before your surgery*

* This information is a general guideline for medications before surgery. Always follow recommendations from your primary care provider or cardiologist. If you are on multiple medications, it is important to ask for their recommendations for when to stop your medication before surgery. If you are taking any other medications that are not listed, **review with your primary care physician.**

Diabetes Medications

If you have diabetes and take any medications to control your blood sugar, please follow these instructions before surgery:

Home Medication	Day Before Surgery	Morning of Surgery
Long lasting insulin <ul style="list-style-type: none"> • U100 glargine (Lantus, Basaglar) • detemir (Levemir) • degludec (Tresiba) • U300 glargine (Toujeo) 	Take full dose as usual	Take full dose as usual. If you only take a once daily PM dose, you will not take anything the morning of surgery.
Intermediate Lasting Insulin <ul style="list-style-type: none"> • NPH (Novolin N or Humulin N) 	Take full dose as usual	Take half of your usual AM dose
Rapid-acting Insulin <ul style="list-style-type: none"> • aspart (Novolog, Fiasp) • lispro (Humalog, Admelog, Lyumjev) • glulisine (Apidra) • regular (Novolin or Humulin) 	If eating a normal diet, take as usual	DO NOT take the morning of surgery
Insulin Pump	Get specific instructions from your endocrinologist.	
Pre-mixed Insulin <ul style="list-style-type: none"> • 70/30 • 75/25 • 50/50 	Take full dose with breakfast. Take half of your usual dose with dinner.	DO NOT take the morning of surgery
U-500 Insulin Discuss with your endocrinologist	Take full dose in morning/ Take half of your usual dose	DO NOT take the morning of surgery

Home Medication	Day Before Surgery	Morning of Surgery
SGLT2 Inhibitors <ul style="list-style-type: none"> • Empagliflozin (Jardiance, Synjardy) • Canagliflozin (Invokana, Invokamet) • Dapagliflozin (Farxiga, Xigduo) • Ertugliflozin (Steglatro, Segluromet) 	DO NOT take for 3 days before surgery. DO NOT take ertugliflozin for 4 days before surgery.	DO NOT take the morning of surgery
Non-insulin medications <ul style="list-style-type: none"> • Repaglinide (Prandin) • Nateglinide (Starlix) • Glipizide (Glucotrol) • Glimepiride (Amaryl) • Glyburide (Micronase) • Pioglitazone (Actos) • Arcabose (Precose) • Metformin (Glucophage) • Sitagliptin (Januvia) • Saxagliptin (Onglyza) • Linagliptin (Tradjenta) • Alogliptin (Nesina) • Exenatide (Byetta/Bydureon) • Liraglutide (Victoza/Saxenda) • Dulaglutide (Trulicity) • Albiglutide (Tanzeum) • Semaglutide (Ozempic, Rybelsus) 	Take as usual	DO NOT take the morning of surgery

4. Medical Equipment

Durable Medical Equipment Information

If Dr. Cancienne asked you to get any **special braces** for your surgery, make sure to do this as soon as you can. That way you can try the brace on prior to surgery and test out how to function at home in this brace. If you did not get a prescription for a brace, one will be provided for you from the hospital. Contact information for different vendors is listed below.

Crutches - Sling - Durakold - Hinged Knee Brace - Polar Care Ice Machine - Recovery Plus

Company: Midwest Orthopaedics at Rush
Department of Durable Medical Equipment.

Phone:(312)432 -2482

Game Ready Cold/ Compression Machine

Company: Graymont Medical.

Phone:(312)392 -2512

Email: intake@graymontmedical.com

CPM (Continuous Passive Motion)Machine

Company: Graymont Medical.

Phone:(312)392 -2512

Email: intake@graymontmedical.com

CyMedica Neurmuscular Electrical Stimulation (NMES)- Hinged Knee Brace

Company: CyMedica.

Contact: CyMedica Customer Service.

Phone:(844)296 -2014

Opioid Safety Program & Reusable and Active Cold/Compression Therapy Wrap

Company: Graymont X

Website for Program and Purchase: Graymontx.com

Phone:(312)374 -4376

Email: hello@graymontx.com

BEFORE SURGERY

If you are unclear as to the equipment that may be prescribed for you following surgery, please call the office. Following surgery, we recommend that you contact the DME company directly with any concerns. The DME company will contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

Acknowledgement of Patient Responsibility

You are currently scheduled for surgery with Dr. Jourdan Cancienne and may be prescribed durable medical equipment for postoperative use. Equipment may include a brace, Continuous Passive Motion (CPM) Machine, Ultrasling (shoulder) brace, Continuous Passive Motion (CPM) Machine (hip), or an ice compression device (knee, elbow or shoulder). It is recommended that you use the equipment prescribed to facilitate your postoperative recovery and rehabilitation. We believe that when prescribed, these devices are an integral part of achieving a successful outcome.

Miomed, Motion Medical Technologies and Midwest Orthopaedics at Rush are the primary companies that our office works with to provide equipment if it is deemed medically necessary by Dr. Cancienne. Other companies may also provide similar equipment. Prior to your surgery, our office will submit your insurance and pertinent clinical information to the appropriate company so that they can verify your insurance benefits. Their staff will attempt to contact you before surgery to discuss your insurance coverage and the possibility of "out-of-pocket" expenses. Out-of-pocket expenses will depend on the terms of your individual insurance policy. Please understand that by its very nature, insurance is considered "risk sharing" and most carriers will not cover all aspects of your peri-operative care, leaving some expenses for patient responsibility.

Following your surgery, if the insurance does not cover the prescribed equipment, the company will submit a letter of medical necessity to your

insurance to appeal this decision. There is no guarantee of payment and certain insurance policies will not cover equipment, regardless of the significant benefit and medical necessity. Please contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

If you are unclear as to what equipment may be prescribed for you following surgery, please call the office of Dr. Cancienne at (708) 492-5964. Following surgery, we recommend that you contact the DME company directly with any concerns. You may also contact the equipment companies directly.

Insurance & Financial Obligations

Credit Card Policy

Midwest Orthopaedics at Rush requires a valid credit card or direct bank debit account information prior to services being rendered. Your credit card/bank account will not be charged until 60 days after the services have been processed by your health insurance carrier and the balance has been deemed your responsibility. You will be notified on your statement of any outstanding balances prior to us charging your Credit Card or initiating an ACH payment from your bank.

If a valid Credit Card or Bank Account insurance if not provided and you are scheduled to have surgery, a deposit will be required to hold your surgical appointment. The deposit will be applied to whatever patient balances are paid by your health insurance carrier (such as deductibles, co-insurance, co-pays, and/or non-covered services. If the insurance carrier's benefits plus the amount on deposit exceed the amount owed for services, the difference will be refunded back to you.

ON THE DAY OF SURGERY

ON THE DAY OF SURGERY

Instructions

Do **NOT eat or drink anything** after midnight before your surgical date.

Do not drink alcohol or use recreational drugs for 24 hours prior to surgery and for 24 hours after.

If you use an inhaler on a regular basis, please bring it with you to your procedure.

Contact lenses, jewelry, piercings in and around the mouth, and dentures must be removed at the time of surgery. If you have acrylic nails, please remove one nail from any finger, as our oxygen monitoring sensors do not penetrate acrylic nails.

Take only prescribed medications instructed to be continued by your PCP, such as for hypertension (high blood pressure) or arrhythmias (irregular heartbeat). Be sure to inform your anesthesiologist of these conditions the day of surgery. If you take any of the following medications for your blood pressure, it is important that you discuss taking them with the anesthesia provider: *Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), O/mesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)*

A responsible adult must accompany you to the procedure, remain in the office during the procedure, drive you home, and stay with you at home for 24 hours after the procedure. A taxi/Uber will not be allowed without a responsible adult accompanying you.

If you are taking diabetic medications, you should **check with your PCP** to determine if you should take these medications on the morning of surgery.

While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation to your initial follow-up visit.

Arrival Time

The surgical facility will contact you a call the day before surgery to notify you of your arrival time/surgical time.



Amsurg Surgery Center Joliet: (815) 744-3000

Rush Oak Park Hospital: (708) 660-4800

Rush Oak Brook Surgery Center: (630) 990-2212

Rush Surgicenter: (312) 563-2880

CMIS: (708) 478-8889

Elmhurst: (331) 221-3920

If you have not been contacted by 4:00pm the day before your surgery date, please call Dr. Cancienne's office at (708) 492-5964 and email canciennepractice@rushortho.com.

If you are traveling from out of town, please call the hospital (numbers above) and let them know how they can reach you in regard to your surgical time. Let them know your cell phone number and where you will be staying the night before your surgery.

ON THE DAY OF SURGERY

Anesthesia

General

General anesthesia is used for many types of major surgery. During general anesthesia the entire body, including the brain is anesthetized. The patient has no awareness, feels nothing, and remembers nothing of the surgical experience afterward. General anesthesia is administered by injecting a liquid anesthetic into a vein, or by breathing a gas anesthetic flowing from an anesthesia machine to the patient through a mask or tube. A plastic endotracheal tube or a mask placed over the airway is frequently used to administer gas anesthetics. With the tube in place, the airway is protected from aspiration of stomach fluids into the lungs. It is normal to have a slight sore throat after your surgery and sometimes nausea.

Regional

Injection of anesthetic into the neck region for shoulder and elbow surgery and on the thigh for knee surgery blocks pain impulses before they reach the brain. With this anesthetic, mental alertness is unaffected. Sedation, or even sleep may be offered to make you comfortable throughout the surgical experience. To receive the injection, you lie down while the anesthetic is injected into the neck or shoulder region. To make placement of the needle almost painless, your skin is first numbed with local anesthetic. This anesthetic may last for 6 to 8 hours and sometimes longer. It is important to start taking your postoperative pain medicine as soon as you begin to feel the onset of discomfort or when the numbness begins to wear off.

What to Expect?

Once you have completed registration, you will be escorted to the surgical center. Here you will meet the nurses that will take your vitals, help you change into a hospital gown, and then escort you to the pre-operative holding area. One family member may accompany you (or both parents if the patient is a minor) to the holding area. You will then see a Physician Assistant who will answer any last-minute questions and speak with the anesthesia team regarding the procedure. Dr. Cancienne will contact your family when your surgery is completed, and you are on your way to recovery. Once the nursing staff feels that you are ready to be transported to your room, your family will be contacted with that room number where they will meet you.

Discharge Instructions

Your instructions will be reviewed with your family while you are in recovery. You will be given your physical therapy prescription, postoperative instructions, and rehabilitation protocol following surgery. Please bring this folder with you to your initial postoperative visit. All rehab protocols and discharge instructions can also be found at jourdancancienmd.com

AFTER SURGERY

Post Operative Medications and Pain Management

Recovering from any surgery involves pain and discomfort. The Hospital's team approach to pain management can help reduce your discomfort and thus speed your recovery. Pain management, however, begins with you. Since no objective tests exist to measure what you are feeling, you must help the staff by describing the pain, pinpointing its location and judging its intensity, as well as reporting any changes. Pain may be constant or sporadic, as well as sharp, burning, tingling or aching. A pain scale is used to help you and the staff gauge the level of pain and effectiveness of treatment.

People used to think that severe pain after surgery was something they “just had to put up with.” While it is reasonable to expect some discomfort following surgery, there are multiple treatment options available to you, such as pain medication and cold therapy, that greatly reduce and help manage the level of pain most patients have. The great part is that they can be used at the same time.

The following medications will be sent to your pharmacy 2 days before surgery:

- PAIN- Hydrocodone-acetaminophen 5-325mg
 - Take one tablet every 4-6 hours as needed for pain.
 - In between doses you can take 600mg ibuprofen (Advil)
 - If you continue to have pain despite alternating Norco and Ibuprofen, you may take 2 Norcos.
- NAUSEA- Ondansetron (Zofran) 4mg every 8 hours as needed.
- BLOOD CLOT PREVENTION- Aspirin 81mg twice daily for 6 weeks.
 - If you have a history of DVT or blood clot, contact Dr. Cancienne’s office.
- CONSTIPATION- Docusate (Colace) 100mg every 12 hours as needed.
- ANTIBIOTIC- Doxycycline Monohydrate 100mg twice daily for 2 weeks
 - Not every patient will receive post operative antibiotics. If you have an allergy to doxycycline, contact Dr. Cancienne’s office.

**Occasionally the pharmacy will not fill Aspirin and Docusate as these medications can be bought over the counter. If this is the case, please purchase Aspirin 81mg and take it twice daily for 6 weeks. You can purchase a stool softener of your choosing if docusate is not filled and you become constipated. **

AFTER SURGERY

Wound Management

- Maintain your operative dressing, you may loosen the ACE bandage if swelling of the foot and ankle occurs following knee procedures.
- It is normal for the incisions to bleed and swell following surgery. If blood soaks onto the dressing, do not become alarmed, reinforce with additional dressing.
- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery - you may shower by placing a plastic barrier over your surgical site **on the third day after surgery**.
 - For arthroscopic procedures, you may remove the dressing and cover the stitches with waterproof bandaids/bandages for showering on the third day after surgery. Replace with dry dressings following showering and keep covered.
 - For open procedures, where a larger incision is made, you may remove the dressing and cover the 'steri strips' (white strips) or black stitches with a waterproof covering on the third day after surgery. Replace with dry dressings following showering and keep covered.
- Please do not place any ointments, lotions or creams directly over the incisions.
- If removable sutures (stitches) are used to close the incision, they are typically removed 10-14 days post operatively. Following this, you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). **NO immersion in a bath until 6 weeks following surgery.**

What Should I Eat

After surgery you may resume a regular diet, unless instructed otherwise. We recommend that you start with a light meal and progress as tolerated. On the next page you will find foods that can improve inflammation after surgery.

ANTI INFLAMMATION FOODS



FIGHT

Tomatoes

Fruits

Strawberries
Blueberries
Oranges
Cherries

Fatty Fish

Salmon
Mackerel
Tuna
Sardines

Olive Oil

Leafy Greens

Spinach
Kale
Collards
others

Nuts

Almonds
Walnuts
others



EAT MORE



CAUSE

Fried Foods

Sodas

Refined Carbs

Lard

Processed Meats



EAT LESS

AFTER SURGERY

Preventing Blood Clots

After surgery, clots called deep vein thromboses (DVT) may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (foot or calf pumps) are used while you are in the Hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as Eliquis enoxaparin (Lovenox) or aspirin, will be prescribed.

Leg Swelling

Following surgery, most patients develop swelling in the operated leg or arm. Although the amount of swelling can vary from patient to patient, the swelling itself, in the leg, knee, ankle or foot, is normal and may be accompanied by "black and blue" bruising that will usually resolve gradually over several weeks.

For the first month after your operation, prolonged sitting with your foot in a down position tends to worsen the swelling. You should not sit for more than 30 to 45 minutes at a time. Periods of walking should be alternated with periods of elevating your leg in bed. When elevating the leg, the ankle should be above the level of the heart. Lying down for an hour in the late morning or afternoon helps reduce swelling.

To Prevent or Reduce Leg And Ankle Swelling:

- Elevate operated leg or arm in bed on one to two pillows while lying flat.
- Avoid sitting for longer than 30 to 45 minutes at a time.
- Perform ankle pumps.
- Apply ice to your surgical area for 20 minutes a few times a day.

AFTER SURGERY

Physical Therapy and Post-Operative Rehabilitation

Physical therapy is a critical part of the postoperative and recovery process. Upon discharge from the surgical facility, you will receive a physical therapy script and Dr. Cancienne's rehabilitation protocol if he would like you to start immediately post op. **For most shoulder procedures, you will not begin therapy until indicated by Dr. Cancienne.** If you do not have a specific physical therapy facility that you visit, Dr. Cancienne and his medical team will provide recommendations. If you know where you would like to complete physical therapy, please alert the office, and we will fax the referral to your preferred facility in advance.

There is a sheet in your folder with MOR physical therapy locations.

Return to Work Information

Return To Work After Knee Surgery

If you are having a reconstruction or a repair performed (i.e., ACL reconstruction, meniscus repair, cartilage transplant or other larger procedure), you might have a brace on for four to six weeks after surgery. Your weight-bearing will be adjusted in accordance with the procedure that was performed. You may be asked by Dr. Cancienne to protect your weight-bearing for upwards of four to six weeks. During this time, you will have two crutches in addition to the brace. Remember that you will likely be on some mild narcotic pain medications postoperatively, and these should be discontinued before you return to work or drive.

Please note that adjustments may need to be made at work accordingly. Simple adjustments such as a second chair to put your surgical leg on, using an active cold/compression therapy wrap, and other "comfort items" can make a significant difference. Cold therapy is highly effective at reducing pain. It is reasonable to return to work safely when you feel like you can do so, if you are compliant with the brace recommendations and weight-bearing restrictions provided to you by Dr. Cancienne after surgery.

After simpler knee surgeries such as knee arthroscopy with meniscectomy, cartilage debridement, etc., it is safe to return to work and be full weight-bearing when you can tolerate doing so. You are then only going to be limited by your own soreness, stiffness, and discomfort. Please consider that for physical activities such as squatting, kneeling, climbing, and heavy lifting, you should likely plan to allow for four or more weeks of recovery before returning to these types of activities. If at any point you have questions regarding your return-to-work processes and postoperative activities, email Dr. Cancienne's office at canciennepractice@rushortho.com

Return To Work After Shoulder Surgery

If your shoulder surgery involves having a repair performed (e.g., superior labral repair, rotator cuff repair, etc.), you will have a sling on for up to four to six weeks following surgery. If you can abide by the restrictions, you can return to work when you feel like you can do so safely. However, you will need to take into consideration driving and activities related to your job. The sling will need to be worn all day during this postoperative protection phase, but you can safely loosen the sling or take it off and have your elbow comfortably in your lap for short periods of time (i.e., keyboarding, writing with elbow close to side, or similar "safe/gentle" activities). Please expect that you will not be able to work with the arm away from the body, above shoulder level, or really use the arm against gravity for six to eight weeks postoperatively. For pain management while returning to work, try using an active cold/compression therapy wrap. Cold therapy is highly effective at reducing pain. Please note there may be modifications related to these recommendations depending upon what exactly was repaired during surgery.

If your surgery **does NOT involve a repair** (e.g., subacromial decompression, distal clavicle excision, biceps release, capsular release, etc.), then you will be in a sling only for a few days after surgery and, when comfortable, you can return to work when ready to conduct normal activities of your job. Remember that you will likely be on some mild narcotic pain medications postoperatively, and these should be discontinued before you return to work or drive. You will likely only be limited to your own level of discomfort with the activities required for your job. Please allow four or more weeks, however, for heavier lifting and physical labor, etc. To lessen your discomfort while returning to work, try using an active cold/compression wrap. Cold therapy is highly effective at reducing pain. Please note there may be modifications related to these recommendations depending upon what exactly was repaired during surgery.

Return To Work After Hip Surgery

If you are having a labrum repair, you might have a hip brace on for four to six weeks after surgery. Your weight-bearing will be adjusted in accordance with the procedure you had performed. You may be asked by Dr. Cancienne to protect your weight-bearing for 2 to 4 weeks. Remember that you will likely be on some mild narcotic pain medications postoperatively and these should be discontinued before you return to work or drive. Please note that adjustments may need to be made at work accordingly. Simple adjustments such as a second chair to put your surgical leg on, using an active cold/compression therapy wrap, and other "comfort items" can make a significant difference. Cold therapy is highly effective at reducing pain. It is reasonable to return to work safely when you feel like you can do so, if you are compliant with the brace recommendations and weight-bearing restrictions provided to you by Dr. Cancienne after surgery.

Although hip arthroscopy is done in a minimally invasive fashion, there is a lot of work that was done in your hip. You are then only going to be limited by your own soreness, stiffness, and discomfort. It is beneficial to change positions often after hip arthroscopy. Alternate sitting, reclining and lying down as much as you can tolerate. We recommend you get moving once every 30 minutes to prevent stiffness. Do not stay in a seated position for longer than 30 minutes. If you need a work note to get up from your desk, please let us know and we can send it to your employer. Spend 2 to 3 hours per day on your stomach (you can take the brace off for this) to help keep the hip straight. Laying around too much will make you stiff, so try to move around your home as you can tolerate. Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots.

FAQ

FREQUENTLY
ASKED
QUESTIONS

FREQUENTLY ASKED QUESTIONS

Once your surgery is complete and you are on your way to the recovery room, a physician assistant will speak with your family. All your discharge instructions will be reviewed with them at this time, along with your discharge medications, sling use, and physical therapy.

What If My Surgical Site Swells After Surgery?

It is not uncommon to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. The swelling will decrease by using cold/compression therapy often. You should be alarmed if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical site, or if the swelling does not resolve after ice and exercise. If this is the case, please contact the office.

Will I Have Bruising After Surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire extremity. Both are considered normal and will resolve over 10-14 days.

When can I shower or take a bath?

Please refer to the wound management section on Page 24 regarding when incisions can get wet.

When Do I Get My Stitches Removed?

If you do not have absorbable sutures, your sutures should be removed 10-14 days after surgery. This appointment can be set up before surgery, just contact the scheduling office at 708-492-5964 to schedule. If you come from a great distance, you may have your sutures removed by a local physician (primary care doctor or surgeon) if they are willing to do so. Included in this section is a letter you can bring with you to explain the type of suture used during surgery. If you have any questions, don't hesitate to call the office.

How Long Do I Have to Wear the Brace, Sling or Brace?

This depends on the procedure Dr. Cancienne is doing on your knee, shoulder or hip. The amount of time you are to remain in your medical device will be discussed with your family while you are in recovery. It will also be included in your discharge instructions and on your physical therapy prescription. If you have any questions regarding this, please contact the physician assistants.

When Can I Restart the Meds I Was Told to Stop Prior To Surgery?

Please check with your primary care physician. Most medications can be started the day after surgery.

What About Using a bath, Hot Tub, or Whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or

How long will I be on narcotic pain medication for?

You can stop taking the narcotic medication when you are no longer experiencing significant pain. You can always contact the office and ask for a less strong medication, or switch to over-the-counter medications for your discomfort (Tylenol or Ibuprofen). Also, try using cold therapy more consistently to reduce pain. Cold therapy is a proven and highly effective pain reliever.

How long should I use cold therapy?

Cold therapy is a proven, safe, and highly effective method of pain management. If you are experiencing pain, you can use cold therapy to reduce swelling and inflammation, which are the root causes of pain.

When do I need to call the doctor?

If you have a sustained fever above 101.5F, chills, sweats, excessive bleeding (example: you had to change the dressing twice in 12 hours), foul odor, excessive redness, excruciating pain, yellow or green discharge. In an emergency, please contact (312) 243-4244, or if immediate attention is required, please call 911. For all non-emergency questions, contact the team via phone (708) 492-5964 or email (cancienpractice@rushortho.com) is the preferred method of contact for fastest response.

What should I do to avoid constipation?

Drink plenty of fluids and eat fruit and fiber. If you continue to have symptoms of constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. To try and prevent problems, you can also take the prescribed docusate or an over the counter stool softener.

