

SURGICAL **BOOKLET**

JOURDAN M CANCIENNE, 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. If you have any questions or concerns, please do not hesitate to call (708) 492-5964 or email cancienneppractice@rushortho.com. Our website jourdancanciennemd.com contains more information specific to your upcoming procedure.

Sincerely,

A handwritten signature in black ink, appearing to read "Jourdan", written in a cursive style.

Jourdan M. Cancienne, MD

TABLE OF CONTENTS

4 Important Contact Information Preoperative Checklist

9 Before Surgery Preoperative Clearance Postsurgical Appointments Medications Durable Medical Equipment Insurance And Financial Obligations

16 On The Day Of Surgery Instructions What Should I Bring Locations When To Arrive Anesthesia What To Expect Discharge Instructions

22 After Surgery Pain Management Wound Management Diet Preventing Blood Clots Physical Therapy Return To Work

IMPORTANT CONTACT INFO

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

Administrative Assistant

Can be contacted at (708-492-5964)
or canciennepractice@rushortho.com

Billing Questions

(708) 236-2607

Medical Record Requests

(312) 432-2316

Durable Medical Equipment

(312) 432-2482

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

at (312) 243-4244 and ask for Dr. Cancienne OR go to your local or Rush's emergency room.

IMPORTANT DATES

Date of Surgery: _____

Location of Surgery:

RUSH OAK BROOK SURGERY CENTER

2011 York Road, 3rd Floor
Oak Brook, IL 60523

AMSURG SURGERY CENTER

998 129th Infantry Dr
Joliet, IL 60435

RUSH SURGICENTER, LP

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

RUSH OAK PARK HOSPITAL

520 S. Maple Ave
Oak Park, IL 60304

RUSH UNIVERSITY MEDICAL CENTER

1620 W. Harrison St.
Chicago, IL 60612

SILVER CROSS SURGERY CENTER

1003 Pawlak Pkwy
New Lenox, IL 60451

SILVER CROSS HOSPITAL

1900 Silver Cross Blvd.
New Lenox, IL 60451

Date of Initial Postoperative Appointment: _____

Location of Initial Postoperative Appointment:

MIDWEST ORTHOPAEDICS AT RUSH JOLIET

963 129th Infatry 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 1 week prior to surgery. Failure to do so may result in rescheduling your procedure.

Schedule your initial post-operative physical therapy session after your surgery unless instructed otherwise.

Set up 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 from your pharmacy following 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.

Please Do Not Bring

- Jewelry and piercings.
- Valuables.
- Remove contacts and wear eyeglasses.
- Remove acrylic nails.

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 lovenox as instructed.
- Exercises** Please start home based program as soon as possible (same day of surgery)
- Physical Therapy** Start on day 1 postoperative, unless instructed otherwise.

BEFORE SURGERY

BEFORE SURGERY

1. Do I Need Preoperative Clearance?

All patients are required to obtain preoperative medical clearance. If you 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 endocrinologist) 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 7 days prior to your procedure. [Failure to obtain medical clearance may result in the cancellation of surgical procedures for the safety of the patients.](#)

2. Postoperative Appointments

Office Visit

Make a postsurgical office appointment as directed by our team.

Physical Therapy Appointment

You can make arrangements to attend physical therapy for the day after surgery unless instructed otherwise. 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)

7 - 10 Days Before, You Need To Stop:

- Blood thinners need to be discontinued, with written permission from your physician (example: Plavix, Coumadin, Warfarin, prescribed Aspirin)

Medications That Are Okay To Take Prior To Surgery:

- Tylenol
- Celebrex
- Glucosamine Chondroitin Sulfate
- Daily Vitamins

If you are taking any other medications that are not listed, [review with your primary care physician.](#)

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 to 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](tel:(312)432-2482)

Game Ready Cold/Compression Machine
Company: **Graymont Medical.**
Phone: [\(312\)392-2512](tel:(312)392-2512)
Email: intake@graymontmedical.com

CPM (Continuous Passive Motion) Machine
Company: **Graymont Medical.**
Phone: [\(312\)392-2512](tel:(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](tel:(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](tel:(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.
- If you have an illness such as a cold, sore throat, or stomach or bowel upset, please notify the office as soon as you can.
- 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), Olmesartan (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.

What Should I Bring To Surgery?

- Photo ID
- Insurance Card
- Friend or family member who will be available the entire time and take you home after surgery
- Wear comfortable, loose fitting clothing

Shoulder/elbow surgery: zip-up or button-down shirt

Knee surgery: loose fitting pants or shorts

Hip surgery: loose fitting pants or shorts

- If you have any durable medical equipment provided prior to surgical date, such as brace/crutches, sling or cold therapy units, please bring to surgical facility.

“Leave ALL valuables at home”

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

Silver Cross Surgery Center: (815) 717-1740

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.

Your anesthesiologist will speak with you directly prior to surgery to review your choice of anesthesia

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. A folder will be given to you with physical therapy prescription, postoperative instructions and rehabilitation protocol. Please bring this folder with you to your initial postoperative visit.

AFTER SURGERY

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.

Tips For Effective Pain Management

- Take your pain medication as prescribed but expect to use less after the first week or so.
- Take your pain medication before the pain becomes severe.
- Use cold therapy to physically reduce swelling and inflammation, the cause of pain, leaving you with less discomfort.
- Using cold therapy properly can help reduce the number of opioids you have to take.

AFTER SURGERY

Wound Management

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- 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 beginning the day after surgery. Wait until your first post operative appointment to have Dr. Cancienne's team remove the surgical dressing.
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed at least 7-10 days post operatively 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 given approval by our office.

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

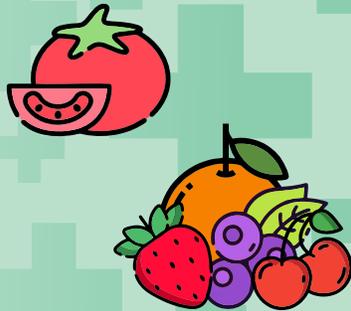


FIGHT

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



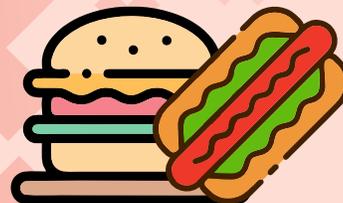
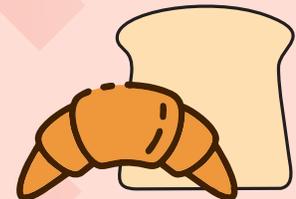
Sodas

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 warfarin (Coumadin), 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 exercises.
- 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. Physical therapy should begin 24-48 hours after surgery. 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. **Midwest Orthopaedics at Rush** has the following facilities.

JOLIET
Physical Therapy
963 129th Infantry Dr.
Joliet, IL 60435
Phone: (708) 492-5900

LINCOLN PARK
Lincoln Park-Physical Therapy
and Sports Performance Center 2540 N.
Lincoln Ave. Chicago, IL 60614
Phone: (708) 492-5740

NAPERVILLE
Physical and Occupational Therapy
Midwest Orthopaedics at Rush
55 Shuman Blvd., Suite 700 Naperville, IL
60563
Phone: (630) 339-2270

ORLAND PARK
Physical Therapy
18016 Wolf Rd
Orland Park, IL 60467
Phone: (708) 492-5710

WESTCHESTER
Physical and Occupation Therapy Prairie
Medical Center
2450 S. Wolf Road Westchester, IL 60154
Phone: (708) 273-8410

CHICAGO
Physical and Occupation Therapy
Midwest Orthopaedics at Rush
1611 W. Harrison Ave. Suite 107 Chicago, IL 60612
Phone: (312) 432-2513

OAKBROOK
Physical and Occupation Therapy
Midwest Orthopaedics at Rush Oak Brook
2011 York Road
Oak Brook, IL 60513
Phone: (877) 632-6637

GENEVA
Physical Therapy
2000 W. State St. - Suite F
Geneva, IL 60134
Phone: (708) 492-5720

OAKPARK
Physical Therapy
Rush Medical Office Building
610 S. Maple Ave., Suite 1550
Oak Park, IL 60304
Phone: (312) 432-2826

MUNSTER
Physical and Occupation Therapy
Midwest Orthopaedics at Rush Munster Indiana Office 9200 Calumet Ave.,
Suite S-300
(West Side of Street) Munster, IN 46321 Phone: (708) 492-5460

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 hinged 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, as long as 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 type of activities. If at any point you have questions regarding your return to work processes and postoperative activities, email to Dr. Cancienne's office at canciennepractice@rushortho.com

AFTER SURGERY

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. As long as 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 on 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, as long as you are compliant with the brace recommendations and weight-bearing restrictions provided to you by Dr. Chahla 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 of 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. But, 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.

What Should I Expect My Activity Level To Be?

Every patient is different. Every day you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90 percent of your recovery in the first three months, and the remaining ten percent will come within the first year.

At some point, most patients overdo it with activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain with rest, ice, and medications. If this is the case, please contact the office.

What If I Am Having Problems Sleeping?

Make sure that your pain is well controlled throughout the day by using your Tips for Effective Pain Management.

When Can I Shower Or Bathe?

Please refer to your post-operative instructions provided to you at the time of surgery. Most arthroscopic incisions can get wet 3 days post op. However, if you had a larger open incision you can shower 7-10 days after surgery once your sutures are removed. Prior to that time, we ask that you keep the incisions clean, dry, and covered.

FREQUENTLY ASKED QUESTIONS

When Do I Get My Stitches Removed?

Your sutures should be removed 7-14 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 Physician Assistants.

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.

What Positions Can I Sleep In?

You may sleep on your back or in an upright position with your arm well supported in your sling or leg in your brace. Some patients find it more comfortable to sleep in a recliner. If you are having hip surgery, an abduction pillow was provided with your hip brace for your comfort while sleeping.

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 Hot Tub Or Whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for six weeks after surgery.

How Long Will I Be On Narcotic Medication For?

You can stop taking the narcotic medication when you are no longer experiencing moderate 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. As long as 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 fever above 101.5, 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, email is the preferred method of contact for fastest response.

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

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

What Should I Do To Avoid Constipation?

Drink plenty of fluids and eat fruits 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 an over the counter stool softener while taking the narcotic pain medication.



**MIDWEST
ORTHOPAEDICS
AT RUSH**

FOLLOW US

