



3480 Yorkshire Medical Park
Suite 100
Lexington, KY 40509
859-514-0260 Surgical Division

If you have any questions, please contact the office at: _____

POST-OP INSTRUCTIONS:

Nerve Block Instructions:

UPPER EXTREMITY NERVE BLOCK:

You may have had a nerve block prior to the surgery. If so, you will not have control over the arm until the block has worn off (approximately 6-24 hours). You must protect your arm during this time. IF you have had a block, please use the sling as directed by your surgeon. You may develop some tenderness at the block site (neck). You may be able to soothe this area with warm moist heat.

LOWER EXTREMITY NERVE BLOCK:

You may have had a block prior to the surgery. If so, you will not have control the arm until the block has worn off (approximately 6-24 hours). You must protect the leg during this time. You may develop some tenderness at the block site. You may be able to soothe this area with warm moist heat.

MEDICATIONS:

_____ Norco 5/325mg 1-2 tablets by mouth every 6 hours as needed for pain # _____

_____ Percocet 5/325mg 1-2 tablets by mouth every 4-6 hours as needed for pain # _____

- Please purchase an over the counter stool softener (i.e. Senna, Docusate) to prevent constipation. Please take as directed on the package.
- Please increase your intake of fluids to prevent post-operative constipation

CARE OF THE OPERATIVE SITE:

_____ Leave the dressing on for _____ days. You may then remove the dressing and leave the incision open to air.

_____ Leave the dressing on and intact until you are seen at your first post-operative follow-up visit.

_____ You may remove the outer (splint) layer in 24 hours and leave the inner dressing intact until you are seen at the first follow-up visit.

_____ Leave the splint on and intact until you are seen at your first follow-up visit.

_____ Other: _____

SHOWERING/BATHING:

_____ You may shower after the dressing is removed, do not submerge the wounds in a bathtub or pool. After showering, pat the incision dry and leave open to air.

_____ Please keep the dressing and incisions clean and dry at all times until you are seen at your follow-up visit.

_____ Other: _____

DIET:

_____ You may eat a light meal today and resume your normal home diet tomorrow.

_____ Other: _____

DRIVING:

_____ Do not drive for 24 hours after surgery due to the medications you have received.

_____ Do not drive if the dressing/injury site restricts full use of the hand.

_____ Do not drive if you are taking narcotic pain medication (i.e. Norco, Percocet, etc.)

ACTIVITY:

FOLLOW-UP:

Please return to your physician's office in _____ days (appointment will likely be made for you prior to discharge from surgery). Please call _____ if you need to reschedule or change your appointment.

ADDITIONAL POST-OPERATIVE INSTRUCTIONS:

Patient/Family signature

Witness/Date