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Post-Op Instructions
 Hand/Upper Extremity

** If you have any questions or concerns, you can contact the office at 859-263-5140.

Arm Block Instructions

You have had an arm/hand/finger block

This block will last: short 4-6 hours/ long 8-12 hours. If the block numbed your you will not have control of the arm during this time. Therefore, we will give you a sling to wear home. Use the sling as directed by your surgeon.

Be careful not to use the arm until the sensation has returned. Blocks can occasionally last until the next day. It is not unusual for tenderness to develop at the block site and last 2-3 days. This tenderness can be soothed with warm moist heat.

Care of Operative Site

- Do not remove dressing until your follow-up visit with your physician. Keep it dry and clean.
- Remove dressing on the _____ day.
- Keep hand elevated at-heart level or higher for at least 3 days.
- At least every hour, raise the involved arm high above the head to prevent shoulder or elbow stiffness.
- Elevate arm on pillows at night
- Do dressing changes as follows:

Medication: Take all medication as directed.

Return to medication that you are currently taking, unless otherwise stated below:

Medications and Instructions:

- Vitamin C 1,000mg for 60 days post-op
- _____
- _____
- _____
- _____

Diet:

- Return to your normal diet.
- Do not drink alcohol for 24 hours after surgery, or while taking pain medication or antibiotics

Driving:

- **DO NOT** drive for 24 hours because of the medications you have had.
- **DO NOT** drive if your dressing restricts full use of your hand.
- **DO NOT** drive if you are taking narcotic pain medicine (Norco, Percocet, etc.)

Activity:

- **DO NOT** lift anything heavy with the operative hand.
- May use fingers for non-strenuous activity. Exercise exposed fingers.
- **DO NOT** use operative hand for any lifting or gripping.
- **DO NOT** move any joints that are restricted by the dressing and/or splint

Other: _____

Work Status

See Work Status Form

Follow-up Instructions:

Please return to your physician's office on _____ for a follow-up appointment. Follow all instructions given to you by your private physician or nurse.

Additional Postoperative Instructions:

I understand these instructions given to me.

Patient Signature

Witness

Date