



# Postoperative Instructions

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Procedure: \_\_\_\_\_ Postoperative Appointment: \_\_\_\_\_

*Your first postoperative appointment is at: Kildeer Location (21481 N. Rand Rd., Kildeer, IL 60047)  
Des Plaines Location (1535 Ellinwood Ave., Des Plaines, IL 60016)*

Pharmacy – Your medications have been sent to: \_\_\_\_\_

Prescriptions: \_\_\_\_\_ Extra Strength Tylenol 500mg (take 2 every 8 hours) \_\_\_\_\_ Naproxen 500 mg (take twice a day for 1 week)  
\_\_\_\_\_ Zofran ODT 4mg (take as needed for nausea) \_\_\_\_\_ Aspirin 81 mg (take twice a day for 1 month)  
\_\_\_\_\_ Tramadol 50 mg (take as needed for breakthrough pain) \_\_\_\_\_ Oxycodone 5 mg (take as needed for  
breakthrough pain uncontrolled by Tramadol)  
\_\_\_\_\_ Senokot S (take twice daily while taking Oxycodone) \_\_\_\_\_ Medrol Dosepak (take as directed)

Weightbearing Status: Non-weightbearing      Toe-touch weightbearing      Weightbearing as tolerated

When do I start Physical Therapy?: Within 2-3 days of Surgery (*call PT office of choice to book*) After 1<sup>st</sup> Postop Visit

Additional Instructions: \_\_\_\_\_



**JOSEPH LAMPLLOT, MD**  
Orthopaedic Surgery & Sports Medicine



**Dear Patient,**

Thank you for entrusting me with your care. Please read this packet of information that was carefully assembled to provide useful postoperative instructions and answers to questions frequently asked by patients. If you have any additional questions or concerns, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink that reads "Joseph D. Lamplot". The script is cursive and fluid.

**Joseph D. Lamplot, MD**

Orthopaedic Surgeon  
Sports Medicine and Shoulder Surgery

**Email:**

**Dr. Lamplot:** [jlamplot@nchmedicalgroup.com](mailto:jlamplot@nchmedicalgroup.com)

**Cristiane M. Hayato Unseth, PA:** [chayato@nchmedicalgroup.com](mailto:chayato@nchmedicalgroup.com)

**Brittany Lukaszewski, RN:** [blukaszewski@nch.org](mailto:blukaszewski@nch.org)

**CLINICAL CONCERNS: (847) 866-7846 or contact  
Dr. Lamplot's team via NCH MyChart**

# Important Contact Information

Keep this information accessible as you may need these numbers before or after surgery:

**NCH/Endeavor Health Orthopaedic and Spine Institute Office**  
(847) 866-7846

**Surgery Scheduling**  
(847) 866-7846

**Clinical Team**  
(847) 866-7846, NCH MyChart, or Northshore Connect

**Billing**  
(847) 618-4747

**Medical Record Requests**  
(847)-618-3200 (Option #2)

**Evenings, Nights, & Weekends**  
(847) 866-7846 to page on-call physician

**\*For emergencies, go to Endeavor NCH Emergency Department or local Emergency Department**

## GENERAL POSTOPERATIVE INSTRUCTIONS

### DIET

- Begin with clear liquids and light foods (Jello, soup, etc.). Progress to normal diet as tolerated if you are not nauseated.
- Avoid greasy or spicy foods for the first 24 hours after surgery to avoid gastrointestinal (GI) upset.
- Increase fluid intake (water, Gatorade, etc.) to help prevent constipation.

### ANESTHESIA

- The anesthesia team may have administered a nerve block prior to surgery to help with postoperative pain control. As a consequence, you may have numbness or an inability to move the limb after surgery. Do not be alarmed, as this may last 8-36 hours depending on the amount and type of medication used by the anesthesiologist.
- If you are experiencing numbness after 36 hours, please call my office or the anesthesia number, if provided.
- **When the nerve block begins to wear off, you may feel a tingling, “pins and needles” sensation. If you begin having pain at that time, you may take the pain medication that was prescribed.**

### PRESCRIBED MEDICATIONS

- **Narcotic pain medicine** (Percocet, Norco, or Oxycodone): May cause constipation, nausea, itching, and drowsiness. You should take a stool softener while taking narcotic pain medicine in order to prevent constipation. Stop taking stool softener(s) if you develop diarrhea. If you experience itching, over the counter Zyrtec, Allegra, or Benadryl may be helpful. Narcotic pain medications often produce drowsiness, and it is against the law to operate a vehicle while taking these medications. Benadryl will further increase drowsiness.
- **Anti-inflammatory (NSAID) medicine** (Diclofenac): Do NOT take this medication if you have had a stomach ulcer in the past unless you have cleared this with your primary care doctor. You should take NSAIDs with food to reduce the chance of upset stomach.
- **Anti-nausea medicine** (Zofran): Patients occasionally experience nausea related to either anesthesia or narcotic pain medication. If this is the case, you will find this medication helpful.
- **DVT prophylaxis** (Aspirin, Xarelto, Lovenox, or Coumadin): For most patients, activity alone is sufficient to prevent dangerous blood clots, but in

sufficient to prevent blood clots. In some cases, your personal risk profile and/or the type of surgery you underwent makes it necessary to take medication to prevent blood clots. If this applies to you, Dr. Lamplot will provide the appropriate prescription.

• **Stool softener** (Senokot-S): You will be provided a prescription for Senokot-S. You should take this stool softener as long as you are taking narcotic pain medication. You should stop taking this medication if you develop diarrhea. Over the counter laxatives may be used if you develop painful constipation despite taking the prescribed stool softener.

### ICE

- **Ice is a very important part of your recovery.** It helps reduce inflammation and improves pain control. You should ice several times each day for 30 minutes at a time. Please make sure that there is a thin piece of material (sheet or towel) between the ice and your skin to prevent a burn.
- If you opted for one of the commercially available ice machines and a compression setting is available, you should use LOW or NO compression during the first 5 days. After that, you may increase the compression setting as tolerated. If the compression is bothering you then do not use compression.
- Ice as much as possible (30 minutes on, 30 minutes off, etc.). The more you ice during the first 2 weeks, the less pain, swelling, and inflammation you will experience.
- If you have previously been diagnosed with RSD or CRPS, please discuss with Dr. Lamplot before using ice.

### BANDAGES

- You may remove the outer dressing the day after surgery. Leave the clear plastic dressing in place until your first postoperative appointment.
- If the clear plastic dressing peels off before your first appointment, then replace it with dry gauze and an ace bandage, which can be purchased at a pharmacy. Keep this dry by wrapping with saran wrap while showering.
- Do NOT remove Steri-strips, if present.
- Steri-strips may come off on their own, which is

## INCISION

- Keep your incision clean and dry until your first postoperative visit, approximately 7 days after surgery.
- **Do NOT** get incisions wet, as this increases the risk of developing an infection.
- **Do NOT** apply any ointment or creams to the incision.
- **Do NOT** clean the incision.

## SHOWER

- You may shower the day after surgery after removing the outer dressing and leaving the clear plastic dressing in place. It is very important that you keep your incision dry. Covering the clear plastic dressing with saran wrap is a very inexpensive and effective way to keep the dressing and underlying incision dry. There are a number of other water-repellent bandages available at your local pharmacy that work as well.
- You may remove your sling or brace to shower, unless otherwise instructed. **IT IS VERY IMPORTANT THAT YOU DO NOT FALL!** As your balance may be affected by your surgery, we recommend placing a plastic chair or bench in the shower to help prevent falls.
- Do NOT take baths, go into a pool, or soak the operative site until approved by Dr. Lamplot at your first postoperative visit.

## PHYSICAL THERAPY (P.T.)

You do not need to start any formal, supervised physical therapy (P.T.) unless otherwise instructed by Dr. Lamplot. If he would like you to start physical therapy before your first postoperative visit, then you will be provided with a prescription on the day of surgery.

## DRIVING

- You may drive when you are: (1) No longer wearing a sling on either arm or a knee brace on the right leg and (2) when you are no longer taking narcotic pain medication.
- It is against the law to drive while wearing (or should be wearing) a sling on either arm or a brace on the right leg.
- It is against the law to drive while taking any narcotic pain medication (even when legally prescribed).

## TRAVEL

Avoid long distance traveling after surgery. This includes driving longer than 100 miles or flying any distance. It is important to discuss your travel plans with Dr. Lamplot, as additional medications may need to be prescribed to help prevent blood clots if travel is unavoidable.

## RETURNING TO WORK OR SCHOOL

- Typically, you may return to sedentary work or school 3-7 days after surgery if pain is tolerable and you are no longer taking narcotic pain medication during work/school hours.
- Dr. Lamplot will determine when you may return to more physically rigorous demands such as manual labor.
- If you require any specific letters for work or school please let us know. We are happy to provide them.

## NORMAL SENSATIONS AND FINDINGS AFTER SURGERY

- **PAIN:** Surgery hurts. We do everything possible to make your pain/discomfort level tolerable, but some amount of pain is to be expected.
- **WARMTH:** A mild amount of warmth around the incision and surrounding joint is normal and expected for up to 3 weeks.
- **REDNESS:** A small amount of redness where the sutures enter the skin is normal. If redness worsens or spreads it is important that you contact the office immediately.
- **DRAINAGE:** A small amount is normal for the first 48-72 hours. If wounds continue to drain after this time, you need to contact the office immediately.
- **NUMBNESS:** Numbness around the incision is common. This generally improves or resolves over the course of weeks to months.
- **BRUISING:** Bruising is common and often tracks down the arm or leg due to gravity. This can result in an alarming appearance but is common and will resolve with time, elevation, and icing of the surgical site.
- **FEVER:** low-grade fevers (less than 101.5°F) are common during the first week after surgery. This is often the body's inflammatory response to surgery and is expected. You should drink plenty of fluids and breathe deeply. In fact, deep breaths that result in coughing help to open up your lungs and minimize the risk of fevers.

## FOLLOW-UP

Your first follow-up appointment should already be scheduled for 7 days after surgery. If one has not been provided, please call the office to schedule.

## Joint-Specific Instructions



### SHOULDER

**SLING:** Should be worn at all times, including sleep, except when doing approved exercises, performing hygiene, or getting dressed. You should come out of the sling 2-3 times per day in order to move your elbow so that it does not become stiff. It is also important to move your wrist and fingers as much as possible throughout the day. You must continue to use the sling until directed by Dr. Lamplot.

**SWELLING:** Wrist, hand, and finger movement helps to decrease upper extremity (arm) swelling. Squeezing a balled-up-sock, silly putty, or small ball is an effective treatment for swelling (and boredom).

**DRIVING:** It is illegal to operate a motor vehicle while you are wearing (or should be wearing) a sling. It does not matter which side the sling is on. If you get into an accident, you are liable.



### ELBOW

**SPLINT:** If a hard plaster splint was placed, specific instructions regarding its removal will be provided. Do NOT remove it until specifically instructed to do so.

**SLING/BRACE:** Should be worn unless otherwise directed.

**SLEEP:** Lay down with the operative arm propped up on multiple pillows to reduce pain and swelling. Alternatively, some patients find that sleeping in a reclining chair or propped up in bed with several pillows so that you are upright is more comfortable.

**BLOOD CLOTS:** Unless specifically instructed, you do not need to take any special medications to prevent blood clots.

**SLEEP:** You will be more comfortable sleeping in a reclining chair or propped up in bed with several pillows so that you are more upright. It is also helpful to place a pillow beneath your elbow to support the arm, take pressure off of the shoulder, and prevent it from inadvertently moving during sleep. Wear your sling while sleeping to limit pain and protect you from yourself.

**BLOOD CLOTS:** Unless specifically prescribed, you do not need to take special medications.

**ACTIVITY:** Rest on the day of surgery. Activity is an important part of recovery. As long as you remain in your sling, you are encouraged to get up and be active. This helps to speed up your recovery, prevents blood clots, and minimizes deconditioning. In general, you should use pain as a guide (too much pain = too much activity). There are no limitations on the distance you are allowed to walk, but **DO NOT FALL!**

**DRIVING:** It is illegal to operate a motor vehicle while you are wearing (or should be wearing) a sling, brace, or splint. It does not matter which side the sling, brace, or splint is on, if you get into an accident, you are liable.

**ACTIVITY:** Rest on the day of surgery. Activity is an important part of recovery. As long as you remain in your sling, you are encouraged to get up and be active. This helps to speed up your recovery, prevents blood clots, and minimizes deconditioning. In general, you should use pain as a guide (too much pain = too much activity). There are no limitations on the distance you are allowed to walk, but **DO NOT FALL!**

## Joint-Specific Instructions



### KNEE

**BRACE:** If required, you will be provided specific instructions.

**SLEEP:** Lying down with the operative leg propped up on pillows for elevation reduces pain and swelling.

**DRIVING:** It is illegal to operate a motor vehicle while you are wearing (or should be wearing) a brace on the right leg or while taking narcotic pain medications. If you drive an automatic vehicle and the left leg was operated on, then you can drive when you are no longer taking narcotics. If you drive a manual transmission or the right leg was operated on, then you cannot drive for 6-8 weeks after surgery.

**BLOOD CLOTS:** If you are over the age of 18, then you should take an aspirin (81mg) twice a day to help prevent blood clots for the first month after surgery. If you have specific risk factors, Dr. Lamplot may prescribe more potent blood thinners.

**ELEVATION:** Prop the leg up using several pillows or blankets such that the knee is above the level of your heart. **Elevation is extremely important to limit swelling and pain after surgery.** Elevation works by gravity. The foot should be higher than the knee, which should be higher than the hip to allow gravity to pull the fluid/swelling back toward the heart.



**ACTIVITY:** Rest the day of surgery. Mobility is important, and you should NOT remain bedbound. Make sure to get up and move around at least 3 times per day, and preferably more often. Care should be taken to elevate the lower extremity as demonstrated in the photo above whenever possible during the first two weeks. In general, you should use pain as a guide (too much pain = too much activity).

## Bowel Regimen for Constipation

If you are taking narcotic pain medication, you should be taking Senokot-S twice daily as prescribed. Begin the following if no bowel movement by 4 days after surgery. All of the medications listed below can be obtained from your local pharmacy over-the-counter. Stop if you develop diarrhea. Patients under age 18 should NOT use this regimen.

- **Postoperative Day 4:** Continue Senokot-S (even if no longer taking narcotic pain medications if a bowel movement has not yet occurred) AND add Milk of Magnesia 30ml (2 tablespoons) 2 times per day until bowel movement occurs.
- **Postoperative Day 5:** Continue above medications AND add a Biscodyl rectal suppository or a Fleets enema.



## Please Be Advised of the Following

Most orthopedic surgical procedures are uneventful. However, complications can occur. The following are things to be aware of in the immediate postoperative period.

**BLOOD CLOTS** Orthopaedic surgery patients are at risk for developing blood clots. While the risk is higher for lower extremity (leg) surgery, even those who have undergone upper extremity surgery are at an increased risk compared to the general population. Please notify Dr. Lamplot if you or someone in your family has had blood clots or any type of clotting disorder.

Obesity or use of oral contraceptives can increase the risk of developing blood clots. Females should consider stopping oral contraceptive use until able to walk normally without crutches, brace, or cast on the leg.

**TRAVELING AFTER SURGERY** Long flights or car trips may increase the chance of blood clots. If you need to travel in the first 4 weeks after surgery, please inform us so that additional medication can be prescribed as necessary.

Signs of blood clots can include calf pain or cramping, increased swelling in the leg and foot, chest pain, and shortness of breath. Please call immediately if you have any of these symptoms. There is noninvasive testing available to rule out this potentially life-threatening condition.

**FEVER** Low-grade fever is common after orthopaedic surgery, particularly within the first 5 days. Please notify Dr. Lamplot if your temperature rises above 101.5°F.

**BLEEDING** It is fairly common to have minor bleeding that can even soak through the bandages. Notify us if the wound drains any fluid more than 4 days after surgery or if you have a significant increase in wound drainage before then.

**CARDIOVASCULAR** Chest pain, shortness of breath, palpitations (sense of heart beating out of your chest), or fainting spells must be taken seriously. Go to the emergency room (or call 911) immediately for evaluation. Someone should notify both Dr. Lamplot and your primary care doctor.

**CONSTIPATION** It is common to become constipated from taking narcotic pain medications, so you may need to use a stool softener or laxative. Please take Senokot-S as prescribed while you are taking narcotic pain medication (see page 5 for additional information).

## NOTIFY US IMMEDIATELY FOR ANY OF THE FOLLOWING:

- Temperature greater than 101.5°F.
- Severe nausea, vomiting, diarrhea, or constipation.
- Chest pain or shortness of breath (go to ER).
- Sutures become loose or fall out and incision becomes open.
- Change is noted to your incision (increased redness or drainage).
- Drainage persists greater than 4 days or becomes yellow or foul smelling.
- Increased pain unrelieved by medication or measures mentioned above.

**Kildeer Office:**  
21481 N. RAND RD  
KILDEER, IL 60047

**Des Plaines Office:**  
1535 ELLINWOOD AVE,  
DES PLAINES, IL 60016

## CLINICAL CONCERNS: (847) 866-7846 or NCH MyChart

**\*\*For any concerns after business hours (M-F: 730am-4pm) please call Dr. Lamplot at (847) 238-2812, or if unable to reach, contact (847) 866-7846 and ask for physician on call**

**Email:**

**Dr. Lamplot:**

[jlamplot@nchmedicalgroup.com](mailto:jlamplot@nchmedicalgroup.com)

**Cristiane M. Hayato Unseth, PA:**

[chayato@nchmedicalgroup.com](mailto:chayato@nchmedicalgroup.com)

**Brittany Lukaszewski, RN:**

[blukaszewski@nch.org](mailto:blukaszewski@nch.org)



**JOSEPH LAMPLOT, MD**

**Orthopaedic Surgery & Sports Medicine**