

## Post-Operative Concerns

If you have any concerns after your surgery please review the following options

1. **During regular business hours:** Please call our office (403 760 2897) and **not** the hospital. If you get a voice mail response, please be patient. Our office staff will call you back within 24-hours (usually the same day). If you call the hospital, you will speak to a nurse who is not authorized to give you advice over the phone.
2. **On weekends or evenings:** If you have any concerns that cannot wait for regular business hours, you can call the hospital (403 760 2222). The nurse will pass the message on to the surgeon who is on-call, and he/she will respond within a reasonable time period.
3. **Anytime:** You can call Health Link (811) at any time, which will connect you to a nurse who is able to give advice over the phone.

### Common Concerns

1. Uncontrolled pain – if the prescribed painkiller (Tylenol #3, Tramacet or Percocet) is not controlling your pain, you may also take ibuprofen (Advil or Motrin) up to 600 mg every 6 hours in addition to the prescribed medication. Try not to take ibuprofen on an empty stomach. However, if you have already been prescribed Naproxen (Naprosyn), do not take ibuprofen at the same time. Other actions such as loosening the tensor bandage, elevating the leg and ice packs can also help.
2. Calf, foot and ankle pain and swelling within the first 2 weeks after knee surgery is common. If you have calf pain and swelling you should loosen the tensor bandage around your knee and also elevate your leg so that your knee and ankle are above your heart. (Please see the Cold Therapy and Elevation picture on the first page of your rehabilitation protocol). If this does not improve the pain and swelling, please call the office or the hospital. If the pain and swelling is associated with sudden chest pain and/or shortness of breath then you should go to the nearest emergency department.
3. Swelling and redness of the shin after ACL or other knee ligament surgery is not uncommon. Call the office or hospital only if the redness extends into the surgical incision sites or if there is persistent drainage of fluid (yellowish or cloudy fluid) after removing your bandage at the recommended time.
4. Skin redness above or below the bandages - when you get home from the hospital, you may notice that the skin is red above or below the bandage. The most likely cause of this is the surgical preparation solution that was used to clean your skin before the operation. This solution has a red dye in it so if you are concerned that the redness may be caused by an infection, try washing that area with soap and water to see if it comes off. If your leg is still red and/or hot to touch after you have washed the area then you should go to your local doctor or hospital to be assessed.



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5. A fever is not uncommon within the first 48 hours after surgery. Call the office or hospital only if the fever continues more than 2 days after surgery and is associated with a feeling of general unwellness. Fevers occurring within the first 48 hours post-operatively can be managed with Tylenol and deep breathing exercises.
6. A small amount of bleeding through the bandage can occur within the first 48 hours after surgery. Call the office or hospital if the bandage becomes saturated with blood, or if bleeding continues after removing the bandage at the recommended time.
7. Swelling of the hand is common after shoulder and elbow surgery. This swelling can be prevented or reduced by frequent pumping of the fingers (or squeezing a rubber or foam ball) and by taking your arm out of the sling and fully straightening your elbow (as when doing a pendulum exercise).
8. For post-operative nausea and vomiting if you can tolerate the pain, try stopping your prescribed painkiller, or take gravol (can be purchased over the counter in pill and suppository form). Sometimes taking the painkiller with food will help. Call the office or hospital if you have uncontrolled vomiting.
9. Occasionally, an itchy, red, blotchy skin rash can occur with the use of ice packs or a cold therapy unit. This is not an infection but is a skin reaction to the cold. This can happen when cold is used for long periods of time, even when a cloth is used to protect the skin. If this happens, stop using the cold therapy until the rash settles down (this may take hours or even a day or two). When you start using cold therapy again, apply it intermittently (20 minutes on, then 20 minutes off).
10. After ACL surgery using your hamstring tendons, it is not uncommon to strain or pull the hamstring muscle in the first 6-weeks after surgery. This may occur while pulling on your socks or shoes, or bending over to pick something up. You may feel a sudden painful “pop” in the back of your knee or lower thigh. This does not mean that you have torn your ACL graft and the pain will settle down within a few days. You may also notice some bruising or swelling at the back of your thigh. However, if the pain is not improving after a few days, or is associated with a significant increase in knee swelling, please call our office and not the hospital, as this concern can wait until regular office hours.
11. When you remove your bandage for the first time, you may notice a clear string that looks like fishing line sticking out of the skin near the incision(s). This is a biodegradable stitch or suture that is used to close the skin incision. It will eventually fall off. However, you may snip these clear strings off at the level of the skin as early as 2 weeks after surgery, or you can wait to have this done by your surgeon at your first follow-up appointment. After removing your bandage, avoid the temptation to touch your healing incisions as your own hands are the most common source of bacteria which can cause wound infections.
12. Steri-strips are white strips of tape that are used to reinforce the stitching of the skin incisions. You may peel these strips of tape off by yourself 2-weeks after surgery, by which time the incision should be healed.