

Post-operative Guidelines



Dressings

- You may be asked to keep a **compression dressing** intact for 72 hours.

This is to minimise the risk of fluid collecting in the operative field and the potential complications this can cause.

- The inner **adhesive/waterproof dressing** should remain **intact and unchanged** until review at 2 weeks *provided the waterproof seal remains intact*.

To minimise the risk of wound infection, changing this dressing within the first 3 days is discouraged, unless there are specific bleeding or infection concerns.

Pain/Analgesia

- You will have been provided with an analgesia plan, suitable to your anticipated post-operative needs.
- On occasion, but not routinely, this can require opioid analgesic (i.e. morphine).
- Opiate use beyond 5 days post surgery is generally discouraged.

This is to avoid the risk of both dependence and tolerance to these medications.

If ongoing opiate use *beyond 5 days* is requested, you may be asked to discuss this with your GP.

Anticoagulation

- Post operative anticoagulation is individualised to both patient and procedure, based upon the overall risk profile.
- Anticoagulation can be provided for up to 4 weeks post your procedure. This information will be given to you prior to discharge.
- Anticoagulation is rarely required for day cases and ambulatory (mobilising) patients on discharge.

Numbness

- Change of sensation adjacent to the incision is common and is often expected post operatively.

This will generally settle with time, but mild sensory loss adjacent to surgical incisions can persist.

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Follow-up

- Routine post operative follow-up occurs at 6 weeks.
- On occasion, additional surgical wound review may be required at 2 weeks post operatively. Your surgeon will advise you if this is required.

If you have any concerns prior to your scheduled follow-up, please contact the office.

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