

**Pre and Post Operative Surgical Instructions for
Ambulatory Surgery**

**Daniel W. Green M.D., F.A.C.S.
Pediatric Orthopedic Surgery and Sports Medicine**

Dear Parents,

I consider it an honor and a pleasure to provide your child with pediatric orthopedic care. We at the Hospital for Special Surgery Lerner Children's Pavilion strive to provide the best care and patient experience possible.

Please contact the office with any questions or concerns.

Sincerely,

Daniel W. Green M.D., F.A.C.S.
Pediatric Orthopedic Surgery and Sports Medicine
Hospital for Special Surgery

**Hospital for Special Surgery
Main Office**

535 East 70th Street
New York, NY 10021
Telephone: 212-606-1631
Fax: 212-774-2776

**Hospital for Special Surgery
White Plains Office**

1133 Westchester Avenue
White Plains, NY 10604
(Please call Main Office)

Office Staff Emails:

Kristen O'Connell
Practice Manager
Surgical Coordinator
oconnellk@hss.edu
Office Number: 212-606-1631

Danielle Gorelick, CPNP
Nurse Practitioner
gorelickd@hss.edu
Office Number: 917-260-4096

Annie Cruz
Medical Secretary
cruza@hss.edu
Office Number: 212-606-1631

Ronda Combs
Medical Secretary
Combsr@hss.edu
Office Number: 212-606-1631

Type of Surgery

- **Ambulatory Surgery:** Procedures from which you are able to go home the same day without an overnight stay. Ambulatory surgery is also called “outpatient surgery”. The majority of surgeries performed by Dr. Green are ambulatory.
- **23-Hour Stay:** Some patients may be advised to stay overnight for observation, pain control or due to late timing of their surgery. There are some procedures Dr. Green performs where your child will be required to stay for 23hrs.
- **Inpatient:** Surgeries with an anticipated hospital stay greater than 23hrs. Details regarding private rooms, telephone, television and internet are provided upon request on the day of admission.

Pediatric Medical Clearance

Here at the Lerner’s Children Pavilion we have a dedicated pediatric perioperative team. Depending upon the planned surgical procedure and your child’s medical history, pediatric pre-admission medical clearance and/or clearance from a specialty consult may be required. Please note pediatric medical clearances are done within 7-10 days prior to surgery.

No Medical Clearance Required:

Patients scheduled for ambulatory surgery who are healthy do not require medical clearance.

Medical Clearance Required:

Patients, who undergo surgery with a stay greater than 23hrs, suffer from medical conditions such as asthma, diabetes, and seizure disorders and/or other medical conditions are typically required to undergo pre-operative pediatric medical clearance with our HSS pediatric perioperative team. This appointment is scheduled by the surgical coordinator.

Outside Clearance Notes:

Please have all outside clearance notes faxed to our office: 212-774-2776.

Immunization Records:

All patients under the age of 18 are required to submit their immunization records to the surgical coordinator at least 7 days prior to surgery.

Medications:

If your child is taking a prescribed medication please contact the prescribing physician for instructions on how to proceed with the medication prior to surgery and after surgery.

- ***Please stop anti-inflammatory medications 7 days prior to surgery.***
- ***Please Do NOT take any herbal medications or supplements containing the following: alfalfa, capsicum, celery seed, chamomile, chondroitin, clove, dandelion, dong quai, feverfew, fish oil, flax seed, gamma linoleic acid, garlic, ginger, ginkgo, ginseng, glucosamine, horseradish, licorice, liver oil, melatonin, onion, papain, papaya, parsley, passionflower, poplar, resveratrol, sweet cover, turmeric, willow bark, etc.) within 10 days of surgery. Many of these increase bleeding risk during/after surgery.***

FEMALE PATIENTS:

- ***Oral contraceptive pills (OCP's) should be discontinued beginning 4 weeks prior to surgery. If surgery is scheduled less than 4 weeks time, stop OCP's ASAP.***

Preparing for Surgery:

Insurance Coverage:

Dr. Green's office will contact your child's insurance provider and obtain the appropriate approval should one be required. However we do recommend that as the member you contact your insurance provider to discuss coverage and benefit questions pertaining to your child's procedure.

Imaging Studies:

If your child has had imaging at an outside facility, please make sure to bring it to the office prior to surgery. This includes all written reports as well as images on disc. These images must be uploaded into our PACS radiology system prior to surgery.

Day before Surgery

You will receive a call from a member of the HSS nursing staff between the hours of 2pm-8pm regarding the time of your child's procedure. In general, we recommend that you arrive at the hospital 2-3hours prior to your surgery start time.

- If you do not hear from the hospital by 7pm and/or if you miss the call you can reach the hospital operating room nurse by calling **212-606-1710**.
- The HSS Operating room staff (not Dr Green's office) determines the surgical schedule and case order. Please be understanding of the dynamic nature of the OR schedule.
- Do NOT eat or drink anything after midnight before your surgery unless specifically instructed by an HSS representative over the phone.

Day of Surgery

- We recommend that parents pack one small overnight bag for themselves and their child.
- Parents are required to bring one piece of identification, such as a driver's license and or passport.
- Remember to bring the patient's Insurance cards.
- The nursing staff in the pre-op area will take your child's vital signs (blood pressure, pulse, etc.) and will ask you a few questions.

- You will meet with an anesthesiologist in the pre-op area. This is a good time to ask about the pain medications and type of anesthesia that will be used during surgery.
- Dr. Green will greet you and your child in the pre-op area and perform a final brief exam. This is an opportunity for you to ask any additional questions since your last visit.

After Surgery

- Recovery Room (PACU): the anesthesia team and nursing staff will monitor your child's postoperative care and child's return to full awareness. Regardless of the type of anesthesia performed, your child will stay at the hospital until his/her condition is stable and safe to leave.
- You will be given post-operative instructions prior to discharge. In addition please refer back to this booklet for Dr. Green's post-operative instructions.
- Prescriptions: prescriptions for pain medication and any other required medications after surgery are electronically sent to your local pharmacy. Please confirm your pharmacy with the clinical staff.
- Discharge: in order to be considered safe to go home your child must be able to stand up and walk without feeling dizzy or lightheaded, tolerate food and drink, and be able to urinate. When your child is considered safe to leave, a parent/guardian will be asked to bring the car to the main hospital entrance. HSS surgical personnel will escort you to the car and assist with your departure.
- Phone Call: Dr. Green and or our nurse practitioner will call you the day after surgery to check on your post-operative progress and answer any questions.
- First postoperative visit: typically occurs 10-14 days after surgery. This appointment is usually made with the office staff at the time of scheduling

surgery. If you need to confirm this appointment and or make any changes to this appointment please contact the office.

Postoperative Instructions

Diet:

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

Medications:

- Most patients require a stronger acting pain medication for a short period of time following surgery. You will receive this prescription prior to discharge. We do not recommend attending school if your child is taking a post-operative narcotic pain medication.
- Narcotic pain medicine may cause constipation, nausea, itching, and excessive drowsiness. You should take an over-the-counter stool softener (Colace and/or Senna) while taking narcotics to prevent constipation, but stop if you develop diarrhea. If you experience itching, over the counter Benadryl may be helpful. Narcotic pain medications often produce drowsiness and it is against the law to operate a vehicle while taking these medications.
- Ibuprofen (i.e. motrin, advil) may be taken in between the prescribed pain medication to help with pain control.
- Patients may experience nausea and/or vomiting from the pain medication or from anesthesia. Some patients require a prescription for anti-nausea medication prior to discharge.

Female Patients Only:

- Continue to remain off oral contraceptive pills (OCP's) for 6-8 weeks post-op, wait for first menstrual cycle after surgery and re-start OCP's that Sunday.

Wound Care:

Please note that wound care is surgery specific. If you need help understanding or have any questions regarding your child's wound care please contact the office.

Bandage

- You should remove the ace wrap dressing on the knee 48 hours after surgery. Light bleeding and some swelling are normal the first 48 hours after surgery. If you notice active drainage after 48 hours please call Dr Green's office. After the ace wrap is removed, there will be a clear tegaderm dressing over your child's incision. Do not remove this clear plastic dressing that lies directly on your skin. If the tegaderm plastic dressing becomes loose or falls off then remove the plastic tegaderm dressing and apply a band-aid or gauze over the incision.

Incision

- **Keep the incisions dry for until the first post-operative visit**
 - If the clear tegaderm plastic dressings are adhering well to the skin then it is ok to take quick showers with these dressings intact. See below for showering recommendations.
 - If the tegaderm dressings fall off or don't appear to be water tight then remove them and apply band aides, to keep the incisions dry in this situation just wrap the knee in saran wrap while taking a shower.

- Your child should avoid immersing the operative leg in water (pool, bath, jacuzzi, etc.) for 2-3 weeks following surgery.
- **Do not apply creams, lotions, or ointments to your child's incisions while they are still healing (approximately 2-3 weeks).**
- Avoid touching the surgical incisions as much as possible. Sutures will be removed in the office at your first post-operative visit approximately 10 days after surgery. You may see a small amount of drainage near the sutures. This is normal and to be expected for the first 1-2 days following surgery. If drainage or bleeding persists after the 2nd post-operative day, please notify our office.
- If you notice that you have lower leg or ankle swelling, loosen the brace and/or loosen the ace wrap. To decrease swelling, elevate the operative leg so that the foot is higher than the knee and the knee is higher than the chest. Place pillows under the foot and ankle, NOT under the knee. If these actions do not help alleviate the foot or ankle swelling, please call the office.

Cast Care Instructions

- Swelling is normal for the first 48-72 hours. Swelling may cause the casted arm or leg to feel snug or tight.

To reduce swelling:

1. Raise the casted arm or leg above heart level by propping it up on pillows or other support. If you have a broken arm, your hand should be higher than your elbow. If you have a broken leg, your foot should be higher than your knee.

2. Support the cast on pillows at night while you sleep. If you have a leg cast, raise the foot of the mattress by placing pillows or blankets under the mattress. This keeps the leg elevated during the night.
3. Move your fingers or toes frequently for the first 72 hours, then several times a day.

Caring for your child's cast

It is important to keep the cast in good condition. Follow these steps to help the recovery process:

1. Unless you have a waterproof cast, keep your cast dry.
2. Keep dirt, sand and powder away from the inside of the cast.
3. Do not pull out the padding from the splint or cast. The padding protects your skin.
4. If the cast causes an itch, try blowing some cool air from a hair dryer into the cast.
5. **NEVER** pour baby powder, lotion or oils into the cast.
6. **Do NOT** try to reach the itch with a long, pointed object such as a pencil or hanger. These objects can scratch or irritate skin and lead to an infection.
7. **NO** running, jumping, or playing sports.

Shower

- Your child may shower after the bandage has been removed (3 days), but it is very important that you keep your child's sutures dry. Covering them with saran wrap is often a very inexpensive and effective way to stay dry.
- You may remove your child's brace to shower, unless otherwise instructed. As your child's balance may be affected by recent surgery, we recommend placing a plastic chair or bench in the shower to help prevent falls.
- **If your child is in a cast please DO NOT GET THE CAST WET. If the cast gets wet please contact the office immediately.**
- **Do NOT take baths, go into a pool, or soak the operative site until approved by Dr. Green.**

Medications:

- Most patients require a stronger acting pain medication for a short period of time following surgery. This medication may be given every 4 to 6 hours as needed. For those patients that are unable to swallow pills, oral suspension is available but limited in many pharmacies. To assure that your child receives their liquid pain medication, we recommend picking up their prescription at Cherry's Pharmacy, a local pediatric pharmacy near the hospital. Please inform your recovery room nurse which form of medication your child prefers.

Cherry's Pharmacy
207 East 66th Street
New York, NY 10065
212-717-7797

- We do not recommend attending school if your child is taking a post-operative narcotic pain medication.
- Ibuprofen (i.e. motrin, advil) may be taken every 6 hours in between the prescribed pain medication to help with pain control. Please try and take this medication with food as it can cause stomach upset.
- Patients may experience nausea and/or vomiting from the pain medication or from anesthesia. If you have a concern about post-operative nausea and would like a prescription for anti-nausea medication prior to discharge, please let your recovery room nurse know.

NORMAL SENSATIONS AND FINDINGS AFTER SURGERY:

- **PAIN:** Surgery hurts. We do everything possible to make your child's pain/discomfort level tolerable, but some amount of pain is to be expected.
- **WARMTH:** Mild amount of warmth around the operative site is normal for up to 3 weeks.
- **REDNESS:** 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.
- **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.
- **NUMBNESS:** Around the incision is common.
- **BRUISING:** Is common and often tracks down the leg due to gravity and results in an alarming appearance, but is common and will resolve with time.

- **FEVER:** Low-grade fevers (less than 101.5°F) are common during the first week after surgery. You should have your child drink plenty of fluids and breathe deeply. A low-grade temperature is normal for a week after the surgery.

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

Returning to school:

- This varies widely by patient and the type of surgery performed. In general, the patient should no longer require post-operative narcotic pain medication during the day to be able to return to school. Generally, many patients are able to return to school a few days following surgery. If you need a letter for school or parent's place of employment, please let us know.

Post-Op Appointment:

- Approximately 10-14 days after surgery your child will need to return to see the surgeon for a post-operative check. Typically this appointment is made

at the time of booking the surgery. If you need to confirm and or change this appointment please contact the office at 212-606-1631.

Physical Therapy:

- In almost all cases, post-operative physical therapy is indicated. You will receive a prescription for therapy either before discharge or at your first post-op visit. You can choose to have physical therapy at HSS or at a therapy center near your home. In general, your child's first PT session usually takes place 10-14 days after surgery unless indicated otherwise by Dr. Green. You may choose to have physical therapy at HSS or at a PT center near your home. If you need help finding a therapist, please let our office know.

HSS Pediatric Physical Therapy

212-606-1137

HSS Sports Physical Therapy

212-606-1005

HSS Westchester Physical Therapy

914-821-9300