

## Preparation for Surgery

Once Dr. Logli or Idalia order surgery for you, our surgery scheduling team will call you within 5-7 days to schedule surgery.

## Local-only Surgeries (Numbing Only)

Some upper extremity surgeries are performed under local-only anesthesia (injection of numbing medicine). If this applies to you, it will be discussed at your clinic visit.

Numbing medication will be injected to the surgical site right before surgery and allows you to be awake during the procedure. The risks of going to sleep with anesthesia are thus avoided. You will hear the operating room and might feel pressure, but you will not see the surgery happening or feel pain.

If you are having local-only surgery, you can eat and drink the morning of the surgery, you do not need to stop **ANY** of your normal medications, and you can drive yourself to and from the surgery if desired.

## Anesthesia Surgeries & Pre-operative Clearance

If you will be receiving anesthesia, you will need to see your primary care provider (PCP) for medical clearance prior to surgery. If you normally see a cardiologist, you may also require cardiac clearance as well. At these appointments, your doctors may order blood work, an EKG, or other labs to confirm your health status for surgery. Our surgery scheduling team will fax over the necessary request once a date for surgery has been set. This medical clearance is good for 30 days. Your PCP will inform you when to stop your medications.

Common medications should be **STOPPED** prior to surgery include:

- any type of GLP1 medication (i.e Wegovy, Ozempic, Mounjaro, Saxenda etc) will need to stop 1 week prior to surgery.
- Non-Steroidal Anti-inflammatories should be discontinued 7 days prior to surgery (i.e Aleve, Ibuprofen, Naproxen, Advil, etc)
- Blood thinners should be discontinued per ordering provider (i.e Eliquis, Xarelto, Warfarin, Heparin, etc)

## Smoking Cessation

- The use of marijuana and nicotine products, including e-cigarettes and vaping, have been shown to increase the risk of complications following surgery.
- These can prevent bone and wounds from healing by decreasing blood flow to the surgical site and can increase the risk of deep vein thrombosis (aka blood clots).
- If you would like additional information about smoking cessation please discuss with your primary care provider or contact the National Quitline at (800) 784-8669.

## **What to Expect Post-Operatively:**

### Medications

Our team recommends that patients take over the counter pain medications such as acetaminophen (e.g. Tylenol) and/or ibuprofen (e.g. Advil, Motrin). Dr. Logli and Idalia also recommend perioperative use of CBD pills/capsules/ cream for pain. **Due to the rising problem of the opioid epidemic in the US, we do not recommend narcotic medications unless absolutely necessary.** For more invasive surgeries, a narcotic pain medication (e.g. Oxycodone, Tramadol, Norco) might be prescribed for pain.

- For narcotic pain medication, please remember that these medications seriously and adversely affect your judgment and response times, so **you should not drive while using these medications.** You should also not consume alcoholic beverages. These prescriptions, like most pain medications, tend to cause constipation. Over-the-counter stool softener (e.g. Colace) can be used as-needed.
- Unless otherwise instructed by your PCP, 600 mg of over-the-counter ibuprofen can be taken every 8 hours.
- Unless otherwise instructed by your PCP, 1000 mg of over-the-counter Tylenol can be taken every 6 hours.
- We recommend alternating Ibuprofen with Tylenol (e.g. start with ibuprofen --- wait 3 hours --- take acetaminophen --- wait 3 hours --- take ibuprofen again). This should be done for about 3-5 days after surgery to help control postoperative pain. Once postoperative pain is under good control, these medications can be taken as-needed

## **Pain and Swelling**

Swelling is normal after surgery. As the body begins healing itself, inflammatory cells are sent to the affected body part. This process causes swelling and pain after surgery. You may also experience a feeling of tightness and throbbing. RICE (resting, icing, compression - done by your postoperative dressing- and elevating your arm above the level of your chest with fingertips towards the sky) can help manage these symptoms. It is important to keep moving the fingers that are not covered by your surgical dressing to prevent stiffness and help with swelling. Open and close them into a full and tight fist at least 20x every hour. Use your other hand to assist you if necessary. **DO NOT use any type of stress ball or gripping device.**

## **Surgical Dressing**

After surgery, we use a variety of dressings to cover the surgical site depending on the procedure performed. The purpose of dressing is to provide compression and absorb any drainage from the surgical incision.

### **Soft Waterproof Dressing:**

- You may get your dressing wet in a shower or by washing your hands immediately after surgery and without any cover.
- After 72 hours (3 days), you may then remove all bandages and leave the surgical site open to air or cover it with a bandage. It must remain clean at all times.
- You can continue to shower and wash your hands normally (water and non-fragrant soap) once the bandage is off without any covering, but do not submerge the hand in any sink, pool, lake, ocean, spa or body of water for 4 weeks after surgery.
- **DO NOT** apply creams or ointments of any kind to the surgical site until directed.

### **Dressing with Hard Splint:**

- The dressing and splint are not to be removed; this will be done at the first post-op appointment. You may shower if the surgical arm and dressings are completely covered and kept dry.

- Use something like a shower bag (cast cover) to keep the splint dry. These are available at any OrthoIllinois location through the medical supply store at the front of the building.
- A sling might be used to help with weight of the splint or if a nerve block was given.
- Once a nerve block wears off, the sling should be completely discontinued. If the elbow is not included in the dressing, it should be frequently bent up-and-down to prevent stiffness.
- If the dressing feels too tight, gently unravel the outer tan layer and wait 20 minutes.
  - If symptoms do not improve, contact Dr. Logli's office (815-398-9491).

## Common Questions

### How long will my surgery take?

Surgery time varies considerably based on what is being performed. Most locations where surgery is performed require you to arrive 60-90 minutes before any planned surgery.

If the surgery is performed under local-only anesthesia, patients usually leave the building within 30 minutes after the procedure ends.

If the surgery is performed under another form of anesthesia, patients are typically seen by their driver (friend or family member) approximately 1 hour after the procedure ends. The patient and their driver are then permitted to leave the building once all effects of the anesthesia medication have resolved (another 30-60 minutes).

### Where will my surgery be?

- OrthoIllinois Surgery Center
  - 2440 Alft Ln, Elgin, IL 60124
- Algonquin Road Surgery Center
  - 2550 W Algonquin Rd, Lake in the Hills, IL 60156
- Northwestern Medicine Huntley Hospital
  - 10400 Haligus Rd, Huntley, IL 60142
- Advocate Sherman Hospital
  - 1425 N Randall Rd, Elgin, IL 60123
- Ascension Saint Joseph
  - 77 N Airlite St, Elgin, IL 60123

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**Can I drive?**

If you are undergoing a surgery with local-only anesthesia - you can drive yourself to and from surgery.

Patients that will be receiving actual anesthesia need to have a friend or family member drive them to and from surgery.

**Can I take public transport or use a ride share service to get home after my surgery?**

You are only permitted to choose this option if your procedure is being performed under local-only anesthesia. Any other form of anesthesia requires a patient to make the necessary arrangements in advance of their surgery to have a close friend or family member drive them to and from their surgery.