

HAND SURGERY

REMEMBER TO ELEVATE
YOUR HAND ABOVE THE
LEVEL OF YOUR HEART!!

- PINS**
- You will have a partial cast in place that is meant to stay for 4 weeks
 - Keep it clean, dry, and intact until your followup visit at 4 weeks, please call to make this appointment
 - Obtain an x-ray within a few days of your followup visit to confirm where the pins are placed, by using the requisition provided
 - The pins will be removed in the office under local anesthetic
- INTERNAL HARDWARE (Plate/Screws)**
- IF NO cast is placed, start gentle full-fist exercises
 - IF splint is placed, remove at _____ weeks post-surgery and start **gentle** full-fist exercises
 - A requisition for hand therapy may be provided to you on a green sheet of paper after the surgery—make an appointment within a few days of the surgery to get started, **there may be a cost associated**
 - Call office to make a followup visit at _____ weeks post-surgery
 - Obtain an x-ray within a few days of your followup visit, use the requisition provided
 - Keep incisions clean and dry for 3 days then remove the outer dressing and if no surgical tapes are seen, cleanse daily with soap and water, apply polysporin and a bandage daily thereafter
 - IF you have surgical tapes on the incision, leave them in place until they fall off in approximately 2 weeks—pat dry after washing, no need for polysporin, the sutures will dissolve under the skin
- DUPUYTREN'S OR OTHER HAND SURGERY**
- Remove splint one week after surgery, remove outer dressings, and start gentle full-fist exercises
 - Small openings in the incision are common and will heal with daily soap and water cleansing, polysporin, and a bandage
 - IF you have surgical tapes on the incision, leave them in place until they fall off in approximately 2 weeks—pat dry after washing, no need for polysporin, the sutures will dissolve under the skin
 - Call hand therapy if a requisition is provided—**there may be a cost associated**
 - Call the office to make an appointment at _____ weeks post-surgery

PATIENT PRESCRIPTION

Affix Patient Label Here

DATE: _____

Rx:

Tramacet
S: 1 – 2 tabs po
q 4-6 hrs prn

M: 50 (fifty) tabs.

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