

**Dr. Jennifer Robinson**

Plastic Surgeon

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## 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 follow up visit at 4 weeks, please call to make this appointment
- Obtain an x-ray within a few days of your follow up 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 follow up visit at \_\_\_\_\_ weeks post-surgery
- Obtain an x-ray within a few days of your follow up 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 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



## OTHER HAND SUGERY

- If you have a splint; leave it on until follow up
- 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 of fin 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**, check to see if you have extended health coverage for physiotherapy
- Call the office to make an appointment at \_\_\_\_\_ weeks post-surgery

## HAND SURGERY

**REMEMBER TO ELEVATE YOUR  
HAND ABOVE THE HEART!!**

### PATIENT PRESCRIPTION

Affix Patient Label Here

DATE: \_\_\_\_\_

**Rx:**

**Tramadol**

**S: 50mg po q4h prn**

**M: 50 (fifty) tabs.**

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CPSID 27381