

Dr. Jennifer Robinson

Plastic Surgeon

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HAND SURGERY

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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:**
1. Tramacet
S: 1 – 2 tabs po
q 4-6 hrs prn
M: 30 (thirty) tabs
 2. Celebrex
S: 200mg po BID
M: 1 week

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