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HAND SURGERY INSTRUCTIONS

As a hand surgery patient there is specific information that we want to make you aware of prior to your surgery.

- After surgery you will have a large, bulky surgical dressing in place. It is important to keep this dressing in place until you are seen for your first post-operative appointment. Dr. Tirre places your hand in a specific position during surgery and wants your hand to stay in this position until you are seen in our office. The dressing must stay clean and dry. It is fine to shower as long as you put a bag around the dressing and keep it from getting wet.
- It may be difficult to drive safely with this dressing in place. Make sure that you discuss this with your caregiver and arrange for a ride to and from appointments etc.
- Additionally, you cannot drive as long as you are taking narcotic pain medication (Percocet, Vicodin, etc) so you will want to arrange a ride while taking pain medication.
- Narcotic pain medication may cause constipation. Please start taking a stool softener following surgery if you are taking prescription pain medication. These can be purchased over the counter at a drug store.
- It can be difficult to fit your arm through tight clothing with the bulky dressing on. You may want to plan for shirts that button up in the front, be short sleeved, or have large cuffs.
- You will be referred to a hand therapist immediately following your first post-operative appointment depending on the type of surgery you are having. It is critical that you attend your hand therapy appointments to have the best possible outcome from your procedure.
- Try to keep your upper extremity elevated above your heart area as much as possible to reduce swelling which can increase your pain.
- **Call 911 if you think you have a life threatening emergency.**
- ****Call if you have a fever greater than 101.5, excessive pain, excessive drainage from operative site, excessive redness or swelling, shortness of breath or calf pain. Call 303.832.3965 for the on call physician after hours.**

Patient Name (printed) : _____

Patient Signature : _____

Date: _____