



# Pre-Surgery Information

## Frequently Asked Questions

### What do I need to know before my surgery?

The goal of this packet is to provide answers to this question and to put your mind at ease before surgery. Below we will highlight different areas relevant to all types of surgery performed by Dr. Curtis. If you have questions specific to your surgery, please ask Dr. Curtis or his team for more information.

#### 1. Pain Control

Unfortunately, pain is a part of surgery. We do our best to minimize the pain after surgery, but understanding that it *will* be painful is the first part of mentally preparing. Every individual patient is different in terms of the pain they experience and how they cope with it. Our approach to minimizing pain is three-pronged:

##### 1. Multimodal pain medications

- “Multimodal” means that different types of medications are used in order to minimize the negative side effects of each. We typically use a combination of Tylenol, NSAIDs (ibuprofen, naproxen, meloxicam, etc.), gabapentin, and opioids.
- For shoulder replacement surgery, we use a standardized, multimodal pain medication protocol that has been validated in the orthopedic literature.

##### 2. Swelling control

- This is achieved through compression, elevation, and cryotherapy/icing. For knee or elbow surgery, compression can be achieved easily with an Ace wrap or a compression stocking. For shoulder or hip surgery, this can be more difficult.
- Elevation is important after knee surgery, allowing blood and swelling to drain back to your heart. Elevating your knee above the level of your heart, particularly for the first 7-10 days after surgery, will help to minimize swelling and pain.
- Cryotherapy is discussed below.

##### 3. Regional anesthesia or “nerve blocks”

- These are provided by our expert musculoskeletal anesthesiologists and are important for minimizing pain after surgery. These nerve blocks can work for between 12 hours and 3 days depending on the type of medication that is used.
- The most critical time for pain management after surgery is when the nerve block “wears off” – at that time, the pain will increase fairly dramatically. Using your multimodal pain medications and controlling your swelling will help to minimize this effect.

#### 2. Cryotherapy

Cryotherapy is a fancy way of saying “icing”. Cryotherapy reduces blood flow to the surgical site, down-regulates inflammatory and pain mediators, and reduces the transmission of pain signals by nerves. We recommend intermittent icing using 20-30 minute intervals “on” and “off”. While a bag of frozen peas or a standard ice pack works well, many patients prefer to use a cryotherapy machine that cycles ice water through a pad that is applied to the shoulder.



- Cryotherapy machines are available through the ROC Shop for rent or purchase, but can also be found online through Amazon and other retailers.
- Be sure to apply a towel under the pad to prevent the moisture of the pad saturating the dressing.

### 3. Nutrition

Optimizing your diet/nutrition plan will increase the chances of a good outcome and speed up your recovery. Surgery places considerable stress on your body, and after surgery, your body requires nutritional support. Specifically, your need for protein increases after surgery. Just as athletes prepare for events through proper nutrition, you should similarly prepare for surgery. Studies have shown that protein loading 1-2 weeks prior to surgery and protein supplementation after surgery (up to 3 months) improves recovery and decreases muscle atrophy. A major key is Leucine which is the most important amino acid in muscle synthesis. Additionally, several vitamins and minerals have been shown to impact outcomes including Vitamin D, Vitamin C, and Magnesium.

While there are many options for managing your nutrition (including adding protein supplementation and a multivitamin), here is one commercially available kit designed for surgical patients: <https://www.completesurgicalnutrition.com/>. **Please use the code **d.curtis** at checkout for a \$10 discount.**



Scan the QR code to learn about a nutrition kit for surgical patients

### 4. Physical Therapy

Physical therapy or “PT” is a critical part of recovery for almost every patient after surgery. Patients will start therapy after surgery at different times depending on the type of surgery that was performed. There are exercises that can be performed right after surgery to start your recovery early. Please see the packet specific to your surgery or visit [www.renoortho.com/physicians/daniel-curtis-m-d/](http://www.renoortho.com/physicians/daniel-curtis-m-d/).

### 5. Dressing and Wound Care

After surgery, your surgical wound will be covered with a “dressing”. Depending on your surgery there could be several different types of dressings. Please see below for dressing/wound care:

- Shoulder replacement surgery: an Aquacel dressing, which has antibiotic properties was used. This is to remain in place until your follow up appointment 10-14 days after surgery. You may shower beginning 48 hours after surgery, but no soaking or submerging (baths, hot tubs, etc.).
- Shoulder scope surgery: the bulky dressing can be removed 48 hours after surgery, but the small “steri-strips” should remain in place. You may begin showering after your dressing is removed, but no soaking or submerging (baths, hot tubs, etc.).
- Knee scope/meniscus or ACL surgery: the Ace wrap and gauze dressing can be removed 48 hours after surgery, but the small “steri-strips” should remain in place. You may begin showering after your dressing is removed, but no soaking or submerging (baths, hot tubs, etc.).
- Hip arthroscopy surgery: the bulky dressing can be removed 48 hours after surgery, but the small “steri-strips” should remain in place. You may begin showering after your dressing is removed, but no soaking or submerging (baths, hot tubs, etc.).

## 6. Warning Signs After Surgery

Although complications are rare, the following are a list of symptoms you should be aware of. If any of these symptoms occur, please contact our office immediately:

- Infection: increased pain not relieved with medication, fever, chills, redness, swelling or drainage from incision.
- Blood Clot: swelling, tenderness, or pain to calf when you move your ankle up and down. If your calf is sore, please DO NOT massage the calf.
- **If you experience chest pain, shortness of breath or difficulty breathing; please report to the emergency room immediately.**

### **Important Contacts:**

Surgery Scheduler: Yahara Manzo 775-785-3432

Medical Assistant: Itzel Perez 775-333-7865

Nurse Practitioner: Danae Foley, APRN

The MyChart patient portal can also be used to contact Dr. Curtis, Danae Foley or Itzel Perez