



STEPHEN THON, MD
 ORTHOPEDIC & SPORTS MEDICINE SURGEON
www.stephenthonmd.com

Patient Label

SEE DISCHARGE PACKET FOR MORE DETAILED INSTRUCTIONS

Date: _____ **Surgery:** _____

Discharge to: Home, _____

Diet: Resume Regular diet when able _____

Activity (Shoulder):

- SLING AT ALL TIMES INCLUDING SLEEP
- No driving (2 weeks)
- No lifting/weight bearing
- Remove Sling to shower
- Walk three times a day
- ROM of fingers, hand, wrist, elbow

Activity (Knee):

- WBAT Brace locked extension
- Brace at all times including sleep
- Crutches/Walker (As needed)
- Do not submerge incision
- No driving (2 weeks)
- No lifting
- Remove Brace to shower
- Walk three times a day
- NWB

Activity (Other):

Incision/Wound/Dressing:

- May remove dressing AM of second day after surgery
- Shower ONLY starting AM of second day after surgery
- Do not submerge incision
- Leave steristrips
- Leave dressing/splint/cast until clinic visit, do not remove, do not get wet. Cover with Cast Cover for showering

Notify Dr. Thon/PCP: Increased Redness, Increased swelling, Moderate/Large bleeding Pus-like discharge, Shortness of Breath, Temp 101° F or greater

Prescriptions: E-prescribe to pharmacy Start Multimodal Medications day of surgery

Follow up: Dr. Thon 10-21 days after surgery. _____

PT/Work Restrictions (all can be found at website below):

<https://www.stephenthonmd.com/> → Menu → Rehab Protocols

PT To Start: 1-2 weeks 4 weeks (delayed)

SHOULDER

- RCR – Routine
- RCR – Delayed
- RCR – Isolated
- Bioinductive Repair
- Total Shoulder Arthroplasty
- Bankart/Labral Repair
- Latarjet
- MUA
- _____

KNEE

- Autograft ACL
- Allograft ACL
- Meniscus Repair
- Knee Arthroscopy
- MPFL Reconstruction
- TTO, MPFL
- Quad/Patellar Tendon Repair
- _____

ELBOW

- Triceps Repair
- Cubital Tunnel Release
- Epicondylitis
- MUCL w/Internal brace
- Olecranon Fx
- _____

ANKLE

- Achilles
- Ankle Fx

Stephen G. Thon, MD

Phone: (303) 344-9090

Date Last Updated: 4/28/24

www.AdvancedOrtho.org

Fax: (720) 895-1121



General Post-Op Instructions

MEDICATIONS: You will be given Multimodal prescription medications for your pain. There are many medications provided that help with pain on multiple levels that have been proven to decrease narcotic use and provide equivalent, if not better, pain relief. See below for more information. Please start taking your medications the day/night of your surgery to optimize your pain control.

****Please be aware that prescriptions can only be refilled through the clinic during regular business hours and not by calling the operator after hours or on the weekend. Plan in advance if you know you will be running out of your prescription over the weekend**.**

NERVE BLOCK + PAIN MEDICINE: If you received a nerve block from your anesthesiologist, prepare in advance for the nerve block to wear off. Nerve blocks generally last 12-18 hours after first administered. During this time period please take your pain medicine on a regular schedule as directed by your doctor until the nerve block loses its effect. In most cases it is recommended that you take your pain medicine on a regular schedule for the first 36 - 48 hours.

DRESSING: You may remove your dressing after 48 hours. There should be Steri-Strips (small rectangle pieces of bandage/tape) over your incisions. Please leave them on until your post op visit. Do not apply anything to incision. During your 10-21 day post-op visit, any sutures will be removed and new steri-strips will be placed over the incisions. Allow these new steri-strips to peel off over time. However, if you are placed in a splint after surgery, **DO NOT REMOVE.** This will stay on until you are seen at your post-op visit. Keep splint dry.

SHOWERING: You may shower after 48 hours, running clean water over the incisions are fine. However, do NOT immerse/submerge (no swimming pools, bath tubs, lakes, rivers, oceans, etc...) until cleared by your doctor to avoid risk of infection.

ICE MACHINE (if applicable): Continue cold therapy cuff at all times for the first 24 hours after surgery. Refill with cold water every hour while awake. Icing is very important to decrease swelling/pain and to improve mobility. After 24 hours, continue to use the cuff 3-4 times a day, 15-20 minutes each time, to keep swelling to a minimum. **It is very important that you keep a layer (ACE Wrap, towel, sheet, etc...) in between the ice and your skin. DO NOT apply ice directly to skin.**

WEIGHT BEARING: There are instructions in your packet that detail your weight bearing/crutches/sling restrictions. If you are unsure of these restrictions, please call your physician to get the exact information.

ACTIVITIES: Rest and elevate your leg or shoulder for the first 24 hours. Do **NOT** place a pillow under your knee. Elevate your leg with a pillow under your calf and ankle. Keep arm in sling as directed by your doctor.

***** If you experience severe pain that is not relieved by the pain medication, please let us know. If you experience a temperature over 101.5° F, redness or swelling in your thigh or calf, please contact our office immediately at 303-344-9090. If after-hours please contact the hospital or present to the nearest Emergency Room for evaluation *****



YOUR SURGEON WAS: Stephen Thon, MD - Advanced Orthopedics & Sports Medicine Specialists. To contact him or one of his assistants, please call 303-344-9090 or email ThonCareTeam@occ-ortho.com

BRACE/SLING: If you were provided a brace or sling, please keep this on at all times except showering, getting dressed, and physical therapy. This includes while you sleep.

FOLLOW UP: If you have not set up a follow up appointment, please call the clinic within 1-2 days at 303-344-9090 to schedule your appointment ~10-21 days after surgery.

FOLLOW UP WITH YOUR PRIMARY CARE: If you take any medications for blood pressure, diabetes, anticoagulation (ie blood thinners), or any other medications for chronic medical conditions, we advise you to make a follow up appointment with your primary care provider within 2 weeks of discharge to discuss any changes in your routine medications.

ACTIVITY PRECAUTIONS: You have been provided a black folder with your instructions and precautions. Please refer to that packet.

WHO TO CONTACT WITH QUESTIONS: Non-urgent/General questions are best submitted via email to ThonCareTeam@occ-ortho.com. For more urgent matters or if you need to speak with someone from the office, please call the orthopedic surgery clinic at 303-344-9090.

EMERGENCIES: In the event of an emergency where you feel like you have to go to an Emergency Room/Urgent Care, Dr. Thon's preferred hospitals are: Sky Ridge Medical Center, Centennial Hospital, and Rose Medical Center. If you are questioning whether or not an emergency room or urgent care is needed, please call our office first to speak with one of our staff at 303-344-9090.

DIET: Resume normal diet

ANTIBIOTICS: You received antibiotics prior to your surgery to decrease your risk of infection. In most cases, you do not need to take any antibiotics after surgery. Occasionally, Dr. Thon will prescribe antibiotics after specific surgeries. If you received a prescription for an antibiotic, please take it as prescribed.

BLOOD CLOT PREVENTION: After surgery you can potentially be at increased risk for a blood clot. While your risk is not sufficient enough to recommend any medications to thin your blood, it is important to move around on a regular basis to keep your blood flowing, especially through your other extremities that were not operated on. Often you can perform exercises even while seated that can pump your blood through your extremities such as moving your ankles up and down and holding the contracted position, sequentially tightening and relaxing your thighs, etc. Make sure that you are getting up and moving around at least every hour during the day if possible. If you experience significantly worsening swelling in an extremity, have acutely worsening shortness of breath, or sudden onset of chest pain, please call the clinic or go to the emergency department.



FMLA AND SHORT-TERM DISABILITY POLICY

What is FMLA and Short Term Disability

The Family and Medical Leave Act (FMLA) is a federal law allowing eligible employees to take unpaid, job-protected leave for specified family and medical reasons. Similarly, short-term disability may be available through your insurance.

Our FMLA and Short-Term Disability Paperwork Policy

From the time we receive your paperwork, our policy is that we have 14 days to complete FMLA/Short-term Disability paperwork. This will not be rushed or pushed through at a faster pace and will be completed when our providers have availability.

To meet this timeline, please provide EXACT details of requested leave dates when submitting forms. Any date amendments after completion may require restarting.

We will place standard restrictions according to each procedure. There will be no changes, exceptions, or special requests with these restrictions after your surgery.

How to Submit Forms?

Clearly mark requested leave dates, job classification (sedentary vs heavy labor), and details on the forms. **Please fill out as much of the forms ahead of time with your personal information, dates, injury, and requested restrictions prior to submitting your paperwork to Dr. Thon and the team.**

When forms are completed to the best of your ability, drop off forms in person to the medical assistant or email forms to ThonCareTeam@occ-ortho.com

Next Steps After Receiving Completed Paperwork:

You are responsible for submitting the completed forms to your employer and/or any required state disability paperwork to the state. We will provide the completed forms to you in person or via email.

Please contact us if you have any other questions!
Providing complete details upfront allows us to best assist you in this process.



OUR CLINIC'S POLICY ON OPIOID PAIN MEDICATION

We understand recovering from surgery can be painful. We aim to manage your pain effectively while also addressing the dangers of opioid medication dependence and misuse. Our goals are to utilize as many non-addictive and non-habit forming modalities for pain control.

After your procedure, you will receive a single prescription for a short-acting opioid pain medication to be used only on an *"as needed"* basis to manage **breakthrough pain**. We want you to have the prescription should you need it, with the expectation that you should not be taking the entire bottles worth of pain medication. There is also the expectation that there will be pain after surgery no matter what modalities we utilize. The goal for pain control is to make it manageable, not make the pain "disappear". We restrict initial prescriptions to no more than a few days' worth to avoid overexposure.

We ask that you first utilize our recommended multimodal pain relief plan. This includes anti-inflammatory medication(s), acetaminophen, and muscle relaxers on a regular schedule starting the day of surgery. This combination approach is very effective for the majority of our patients.

If pain persists despite adhering to this regimen, then the prescribed opioid serves as supplemental relief to get you through to your follow up visit. At that appointment we can reassess your pain and adjust medications accordingly. **It is the expectation that the initial opioid prescription lasts you until your follow up visit with Dr. Thon.**

In addition, if you are on opioid pain medication chronically, we do not adjust our prescribing pattern. You will need to speak with the provider who prescribes your opioid medications for adjustments, increases, or changes. Otherwise, we can arrange a consult with a pain medicine specialist. **These concerns should be discussed and addressed PRIOR to your surgery, not after.**

We cannot, and will not, call in refills of opioid prescriptions early or without an office visit due to ethical and legal obligations around these controlled substances. Please take the medication only as directed and supplement with other pain relievers whenever possible. If you have excessive problems controlling pain, call our office to explore additional options.

This policy reflects care and caution - not doubt of our patients' needs. We aim to help you recover comfortably while addressing a major public health crisis. Please communicate any concerns so we can find the right balance.

See the next page for the Multimodal Opioid Sparing Regimen that you should follow.



MULTIMODAL PAIN CONTROL **OPIOID SPARING REGIMEN**

PLEASE START TAKING MEDICATIONS THE DAY/NIGHT OF YOUR SURGERY

ANTI-INFLAMMATORIES (taken for pain and to reduce swelling)

Meloxicam 7.5mg every twelve hours (2 times per day)

MUSCLE RELAXERS (taken to prevent muscle spasms)

Methocarbamol 750mg every 8 hours (3 times per day) for 15 days

ACETAMINOPHEN/TYLENOL (taken for pain and to reduce swelling)

Acetaminophen 1000mg every 8 hours for 15 days

OPIOID PAIN MEDICINE (taken to reduce pain signals)

Oxycodone 5mg every 8 hours **ONLY AS NEEDED** for breakthrough pain in between (up to 3 times/day but **ONLY AS NEEDED**)

ANTACID (taken to protect your stomach)

Omeprazole 20mg every morning for 14-21 days (over the counter medication)

ASPIRIN (taken to help prevent blood clots for certain surgeries)

Aspirin 81mg daily for 21 days

only needed for specific surgeries, if you did not receive a prescription, you do not need to take

ANTIBIOTIC (only in specific surgeries)

Most surgeries do not need any antibiotics after surgery. For some specific operations (including shoulder surgeries), Dr. Thon may prescribe an antibiotic. If you receive an antibiotic with your prescriptions please take as prescribed

BENEFITS OF OPIOID SPARING REGIMENS

As opioid sparing becomes more widespread in the medical field, it could provide these benefits and more:

- **Reduced addiction rates:** By prescribing lower amounts of opioids, doctors can reduce the risk of patients developing addictions.
- **Fewer side effects:** Opioid sparing can reduce the side effects of opioids and the accompanying pain reliever thanks to smaller amounts of each.
- **Better pain relief:** A treatment involving opioid sparing addresses multiple pathways for pain relief, potentially leading to better results.
- **Lower impact of the opioid crisis:** By providing the above benefits, the opioid-sparing effect reduces the negative impact of the opioid crisis. It helps doctors find ways to provide pain relief without increasing opioid risks.

In multiple randomized controlled trials, this regimen provided improved pain control over standard opioid narcotics with improved pain scores, less constipation, and less upset stomach.²⁻⁵