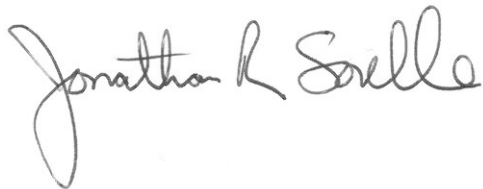


The Minimally Invasive Hand Institute

JONATHAN R. SORELLE, MD

POST OPERATIVE ORDERS FOR ENDOSCOPIC AND/OR GENERAL SURGICAL PROCEDURES

- PATIENT TO RECEIVE PAIN OR ANTIEMETIC MEDICATIONS PER ANESTHESIA.
- IV FLUIDS AND DIET PER ANESTHESIA MAY ADVANCE AS TOLERATED
- HEP-LOCK IV FLUID WHEN TAKING GREATER THAN 200 P.O./HOUR
- DISCONTINUE IV PRIOR TO DISCHARGE
- ELEVATE THE ARM IN POST-OP RECOVERY AREA ON 3 PILLOWS
- EVALUATE CAPILLARY REFILL IN EXPOSED FINGERTIPS; NOTIFY SURGEON OF ANY CYANOTIC, PALE OR COLD DIGITS (exception is a double wrap dressing that is meant to be compressive and will be removed prior to patient discharge, please note the time written on the outer dressing for when it is to be removed)
- REVIEW DISCHARGE INSTRUCTION SHEETS WITH PATIENT
- BEGIN OPENING AND CLOSING FIST 10 TIMES EVERY HOUR WHILE AWAKE, CONTINUE FOR ONE WEEK UNLESS PATIENT IS IN SPLINT. IF PATIENT HAS FINGERS THAT ARE NOT BEING SUPPORTED BY THE SPLINT, HAVE PATIENT MOVE THOSE FINGERS IN THE SAME MOTION FOR THE SAME AMOUNT OF TIMES WHILE AWAKE
- KEEP UPPER EXTREMITY ELEVATED, CLEAN AND DRY FOR 7 DAYS
- KEEP DRESSING IN PLACE UNTIL FOLLOW-UP VISIT
- GIVE PATIENT PROTECTIVE GLOVE PRIOR TO D/C
- CALL IMMEDIATELY FOR ANY ABNORMAL VITALS/BLEEDING/PAIN/MENTAL STATUS CHANGES/ETC.
- DISCHARGE WHEN CRITERIA MET AND AFTER SEEN BY PHYSICIAN OR MEDICAL ASSISTANT



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