

POST OPERATIVE CARE

Implant Removal

Post op care:

- Do not remove dressing unless directed by Dr. Lohner
- Sleep on back with head, neck, and shoulders elevated
- Drain care- if placed at time of surgery (see drain care instruction sheet)
- No straining, lifting, or bending for 2 weeks
- No aspirin or ibuprofen for 5 days
- Can operate a motor vehicle 24 hours after last dose of narcotic pain medication
- Rest – can resume most activities in 2 weeks and exercise in 4 weeks

What to expect:

- Swelling and bruising can occur up to 48 hours post-op. May take several weeks (bruising) to several months (swelling) to resolve
- Moderate discomfort – take pain medication as directed
- Constipation may occur – increase fluid intake and use mild laxative or stool softener if needed
- Numbness, tingling, and sensitivity to physical contact may persist for several weeks or longer

Follow-up:

- Follow up appointment 7-10 days post operatively unless otherwise directed
- May return to work 1 week post op

**DO NOT HESITATE TO CALL THE OFFICE WITH ANY QUESTIONS
OR CONCERNS**

Pain medication: _____

Antibiotic: _____

Follow-up: _____ **please call office to
arrange follow up appointment 610-519-0600**

JACKSON-PRATT DRAIN CARE

After your surgery you will have a drain called a Jackson-Pratt (JP) coming from your incision. The information below will explain the purpose for and care of your drain.

Purpose of the drain: To remove body fluid and blood from the surgical area and to prevent swelling at the area, which could cause discomfort and interfere with the healing.

Care of the drain: Keep pinned to the inside of clothing lower than the drain site. Unpin and re-pin drain when showering or changing clothes. Cleanse area with mild soap, rinse well, and pat dry. Unplug cap on bulb, gently turn bulb upside down over measuring cup. Slowly and gently squeeze bulb. Drainage will flow out. (A few clots and a small amount of drainage may remain in the bulb). Drainage may be discarded in the toilet. After emptying, squeeze the bulb to flatten and re-cap. Bulb should remain flat. This indicates the suction is working. As drainage collects again, the bulb will expand. Measure and record the drainage in ml's or cc's. Keep a 24-hour total drainage record daily. If you have more than one drain, record each drain total separately.

It is not unusual for the drain site to be tender and have a small amount of seepage. If there is a sudden decrease in drainage and an increase in seepage around the drain site, you may need to milk the tubing. This is accomplished by gently holding the end of the tubing nearest the body with one hand while taking the other hand and using the thumb and forefinger, gently pinch the tubing while sliding thumb and forefinger toward the bulb. You may need to do this until fluid begins to flow from the tubing to the bulb. Squeeze the bulb and re-cap following this.

Removal: Call the office and report your drainage totals. This information will determine when to come to the office for removal and follow-up. It is not necessary to take pain medicine in anticipation of drain removal.

Record all drainage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							
Afternoon							
Evening							
TOTAL	cc	cc	cc	cc	cc	cc	cc