

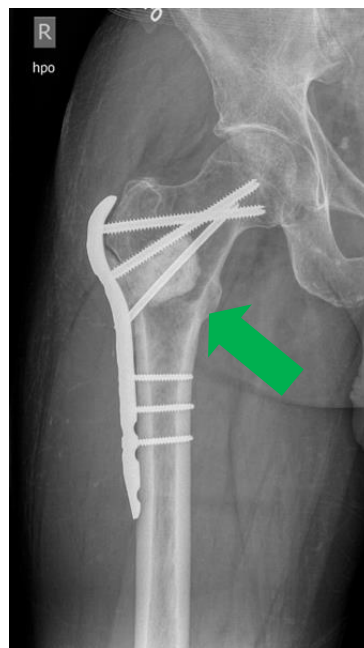
Discharge Guidelines

Procedures for Lower Extremity Benign Bone Lesions Curettage, Packing with Internal Fixation

Please note: These are general guidelines to help answer the most common questions after surgery. The photos in these guidelines WILL NOT necessarily match your exact surgical site. Your surgeon/team may ADAPT these guidelines depending on YOUR SPECIFIC NEEDS and/or current research.



Curettage, packing with plate fixation; side view of lower left femur (distal) for benign giant cell tumor of bone. Green arrow shows the cement packing.



Curettage, packing with plate fixation of right upper femur (proximal) for benign fibrous dysplasia of bone. Green arrow shows the cement packing.

Daily Incision Care

- Look at your incision and check for openings, swelling, redness, changes in color, drainage or bleeding. If you detect any of the above problems, contact your surgeon's office.
- Change your dry dressing daily or leave uncovered if there is no drainage.
- Sutures (unless dissolvable sutures were used) or staples will be removed 2 weeks from the date of surgery.
- Once sutures are removed, you can use vitamin E lotion, aloe cream or any moisturizer to massage your incision.

Activity

- Use supports (crutches, walker, cane) as directed to keep excess weight off the extremity. You can gradually increase weight bearing as you begin to feel comfortable.
- Using crutches makes it difficult to lift/carry objects, so ask for help when you need to transport anything large. Remember that excess weight will stress your leg, so avoid lifting heavy objects as much as possible.
- A brace may also be prescribed to provide additional support.
- Levels of activity allowed after surgery will depend on evidence of healing seen in your x-rays.
- Return to driving varies by patient and which leg was operated on. Patients with surgery on their right leg may take longer to get back to driving. You MUST be off narcotics. It is always best to resume driving after discussion with your surgeon.
- You may return to work or school if you limit activities involving the leg/foot that has been operated on.

Diet

- Your appetite may be less than normal after surgery.
- Incorporate proteins and plenty of fluids into your diet, both of which will aid in the healing process.

- If you are taking narcotics, you should take some type of laxative to prevent opioid-induced constipation.

Medication

- Continue to take your regular medications.
- If necessary, take prescribed pain medication (narcotics) as directed.
- DO NOT drink alcohol or drive while taking narcotic pain medication.
- If you are taking narcotics, you should take some type of laxative to prevent opioid-induced constipation.
- You most likely will be discharged on a blood thinner to prevent clots, aspirin or Lovenox (subcutaneous injection) for 2-4 weeks (no blood tests are necessary). Newer, direct oral anti-coagulation medications may be prescribed, or continued if you came to the hospital already taking these types of medications (Eliquis, Plavix, Pradaxa, Xarelto).
- Previously Coumadin was given. If you are on Coumadin, you will resume this for your anti-coagulation regimen. Blood tests are necessary for Coumadin; the INR range needs to be between 1.5 and 2.0.
- If you are discharged on a blood thinner administered via daily injection, no blood tests are necessary.

Pain

- Your surgical team understands that you will experience different levels and types of pain following your surgery. You will be prescribed a narcotic, if you wish. Some patients decline a narcotic due to the current opioid crisis and request milder pain medications (tramadol), and/or just take Tylenol alternating with anti-inflammatory medications (Advil, Motrin, Aleve), if tolerated. When we prescribe narcotics, we must do so per current state and federal regulations, which includes a narcotic contract.
- Because of the current focus on opioid addiction, we recommend many cognitive behavioral techniques, such as imagery, mindfulness, psychotherapy, deep breathing exercises, virtual reality for distraction, journaling, video games, TENS unit (muscle stimulators that can be used at home) and all other integrative care therapies (physical therapy, acupuncture, chiropractic, massage, lymphedema treatment, reiki).

Common Problems

- If you experience pain and/or swelling, try elevating the site for relief or apply ice – use caution not to leave on more than 20 minutes to prevent frost burn.
- If you develop a firm lump in the incisional area, and your overlying skin looks black and blue, you may have developed a postoperative hematoma (blood collection at the operative site where the mass was removed). Notify your surgeon's office.
- Your leg may seem heavy after surgery. This is due to your muscle weakness. Your strength and ability to control your leg will increase over time.
- You may experience numbness at your incision site. This is normal and usually decreases in time.
- For constipation (not being able to move your bowels), drink plenty of water and non-carbonated fluids. Eat foods that are high in fiber (e.g. bran, prunes, fruit, whole wheat breads). There are many over-the-counter medications available to relieve constipation such as Dulcolax, Magnesium Citrate or Miralax. Ask your local pharmacist to assist you in finding one that is right for you.
- If you smoked cigarettes before the surgery, DO NOT START SMOKING AGAIN! Smoking (the nicotine) causes constriction of blood vessels preventing adequate blood flow to the operative area and can delay healing. If you need assistance with this, please contact the MGH Quit Smoking Service at 617-726-7443.

Follow-up

- Schedule a follow-up appointment with your surgeon 2 weeks from the surgery date.
- The first postoperative visit is for an incision check. X-rays are usually not done at that time.
- All subsequent surveillance visits after your bone surgery will require x-rays.

Questions/Concerns

- For any questions, call your surgeon/nurse practitioner.
- Drs. Kevin Raskin, Joseph Schwab, Santiago Lozano-Calderon: 617-724-3700
- Doctor of Nursing Practice (DNP) Anne Fiore: 617-724-7630

These instructions are basic post-procedure guidelines. Your surgeon/nurse practitioner may give you more specific instructions. Refer to our website for more information: <http://www.massgeneral.org/orthoncology/education>

A Fiore, DNP (07/2018)