

Discharge Guidelines

Procedures for Upper 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.



Intraoperative x-ray of a left wrist giant cell tumor of bone undergoing curettage and packing with no fixation.



2 weeks after curettage and packing surgery. Well-healing incision; dissolvable sutures used, steri-strips intact.



Well healed incision 6 weeks after surgery

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) 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

- You may be given a posterior splint, which is half a cast made in surgery to support your forearm, then wrapped in an ace bandage. Sometimes a sling is used for comfort and protection of the operative site. The splint and/or sling will provide support for the arm that was operated on and help prevent swelling. Use as directed by your surgeon. You will be given specific motion exercises.
- Avoid repetitive use of your involved arm.
- Avoid lifting heavy objects to prevent fracturing the bone.
- Levels of activity allowed after surgery will depend on evidence of healing seen on your x-rays.
- Return to driving varies by patient. 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 that involve using the arm/hand 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.

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 a multitude of 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 arm may seem heavy after surgery. This is due to your muscle weakness. Your strength and ability to control your arm 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, and eat foods that are high in fiber (e.g. bran, prunes, fruit, whole wheat breads). There are numerous over-the-counter medications available to help 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.

Returning to Work/School

- The length of disability following surgery varies depending on the type of work you do. You may return to school or a sedentary type job much earlier than you would return to a job requiring physical labor.
- You should give yourself AT LEAST 2 months to recover before thinking about going back to work/school. Everyone responds differently, but most require this time for extensive physical therapy. Then, if you follow the activity guidelines given by your surgeon, you can return to work/school when you feel ready.
- In general, we recommend patients refrain from contact sports, lifting or pushing heavy objects, and no excessive bending and prolonged sitting, standing, walking, and climbing until healed and strength has returned.

- Disability forms will be completed at your preoperative visit or as soon as they arrive at our office. All patient portions of the form MUST BE completed and signed by you the patient.

Follow-up

- Schedule a follow-up appointment with your surgeon 2 weeks from the surgery.
- 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>

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