

DR. CHUN's POSTOPERATIVE INSTRUCTIONS:
ACL RECONSTRUCTION

Hale Pawa'a ▪ 1401 South Beretania St Suite 600 ▪ Honolulu, HI 96814 ▪ 808-521-8100

ACTIVITY

- Weight bearing as tolerated, crutches should be used for comfort during the first few days after surgery.
- Please do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

BRACE

- Lock at 0 degrees when walking and during sleep.**
- If you are sitting/lying down while **awake**/relaxing (reading a book, watching TV, etc) you may remove the brace.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads, Band Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply Band Aids® to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Remove brace during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes several times per day as needed for pain. This works better after dressing removal.
- Compression** - Use the ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

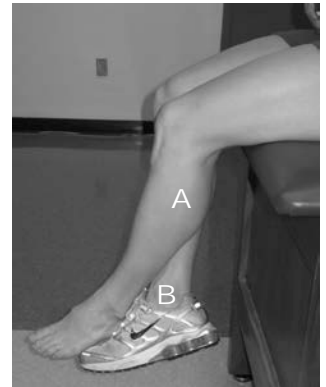
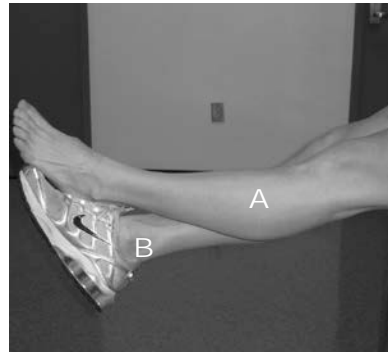
Nurse Signature

Date/Time

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Flexion:

1. Sit in a chair
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend with support from your unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Perform 10-20 times in a row
6. **Goal = 90° of flexion** (bending) by 2 weeks after surgery



•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

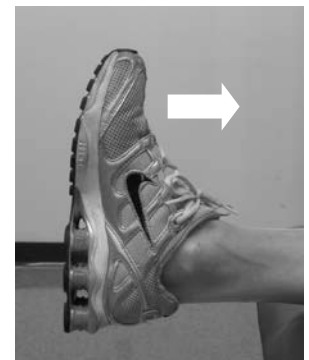
•Straight Leg Raises:

1. Lie on the floor
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS
Ankle Arthroscopy or Ankle Fracture Repair

ACTIVITY

- Remain NON-WEIGHTBEARING on your injured ankle. Use your crutches at all times. DO NOT PUT ANY WEIGHT ON YOUR INJURED LEG OR THE SPLINT.
- Do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

DRESSINGS & INCISIONS

- Your ankle will be in a well-padded splint (partial cast). This will remain in-place until your first follow-up visit.
- DO NOT GET THE SPLINT WET. Make sure to cover the splint well during showers, and if possible, have the splint outside of the tub/shower. Use a trash bag, saran wrap, and tape to seal the splint from the water.
- Do not stick anything down the splint – this can scratch the skin or touch your wound, increasing the risk of infection.

PAIN & INFLAMMATION

- Ice – Icing will be difficult through the splint. If you want to try an ice pack, make sure to wrap it in a towel to prevent your splint from getting wet.
- Elevation - Keep your foot **elevated above your heart** as much as possible for the first week.
- Pain Medication
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car or operate machinery while taking narcotic pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take 2 weeks after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

WHAT TO EXPECT

- Post-operative pain is at its worst the first 48 hours after surgery. Stay ahead of your pain by taking your pain medications BEFORE you are in significant pain.
- If you had a nerve block, this will often wear off during sleep the night of surgery. Take your pain medication before going to sleep to help lessen the onset of pain.
- Most patients will not require pain medication after the first 5-7 days.

EMERGENCIES

- Someone must be with you for 48 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - EXCESSIVE bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call **808-521-8100**.

A Registered Nurse from MIS Hawaii will be calling to follow up on your procedure with you after your surgery to answer any post-op questions. The discharge instructions were explained to me and I have received a copy of these instructions. I understand these instructions are necessary for continuing medical care after I (the patient) leave MIS Hawaii.

Patient or Authorized Person Signature

Nurse Signature

Date/Time

DR. CHUN'S POSTOPERATIVE INSTRUCTIONS

Fulkerson Osteotomy

ACTIVITY

- Non-weight bearing with the brace locked in extension. Crutches are required.
- Please do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

BRACE

- Lock at 0 degrees at all times except for hygiene and exercises (if prescribed).

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply gauze to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Remove brace during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes out of each hour for the first 48 hours while awake. Then use for 20 minutes several times per day as needed for pain.
- Compression** - Use the ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Take one baby aspirin (81mg) daily beginning today, unless directed otherwise by your physician.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

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FOLLOW-UP CARE

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Patient or Authorized Person Signature

Nurse Signature

Date/Time

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

•Straight Leg Raises:

1. Lie on the floor, keep brace on
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS

HIP ARTHROSCOPY

ACTIVITY

- The weight of your leg can be placed on your affected foot. No additional weight should be placed.
- Do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting with hips flexed past 90 degrees or long distance travel for 2 weeks after surgery.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry; if you are going to shower/bathe, you must protect the dressing. You may remove the dressing on postoperative day #2. **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in the clinic. You may apply Band Aids® to the incisions. Please do not use Bacitracin® or other ointments on the incisions. Cover the incisions with saran wrap and tape when showering.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. You may not swim in a pool, lake, hot tub, or the ocean for two weeks.

PAIN & INFLAMMATION

- Ice** - Apply an ice pack several times per day for 20 minutes for the first week and then as needed for pain relief and inflammation. You do not need to wear the ice pack at all times.
- Compression** - Use the white stocking to decrease swelling and to prevent blood clots. Use the stockings for 2 weeks.
- Pain Medication**
 - You have been given a prescription for pain control. Please use as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - An anti-inflammatory medication (Naproxen) has been prescribed to prevent extra bone formation. Please take as directed.
 - If you think you will require a refill on your medication, you **MUST** do so during our regular **weekday** office hours.

WHAT TO EXPECT

- Post-operative pain is at it's worst the first 48 hours after surgery. Stay ahead of your pain by taking your pain medications BEFORE you are in significant pain.
- Most patients will not require pain medication after the first 5-7 days.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
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 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

Nurse Signature

Date/Time

MIS020516

DR. CHUN'S POSTOPERATIVE INSTRUCTIONS
KNEE ARTHROSCOPY w/MICROFRACTURE

ACTIVITY

- Do not put weight on the operated leg. Crutches are required. This protects the microfracture site. Flex and extend the knee as much as possible to maintain motion. If a brace was prescribed, this should be unlocked to allow motion.
- Do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads, Band Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply Band Aids® to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- **Ice** – Apply an ice pack for 20 minutes out of each hour for the first 48 hours while awake. Then use for 20 minutes several times per day as needed for pain.
- **Compression** - Use the ace wrap to decrease swelling.
- **Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- **Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, drink alcohol, or make important decisions while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 48 hours after the surgery.
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 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE

- If you have not made your post-op appointment yet, call **808-521-8100**.

A Registered Nurse from MIS Hawaii will be calling to follow up on your procedure with you after your surgery to answer any post-op questions. The discharge instructions were explained to me and I have received a copy of these instructions. I understand these instructions are necessary for continuing medical care after I (the patient) leave MIS Hawaii.

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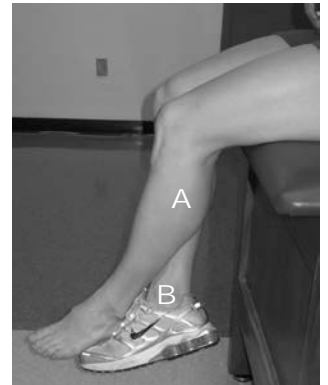
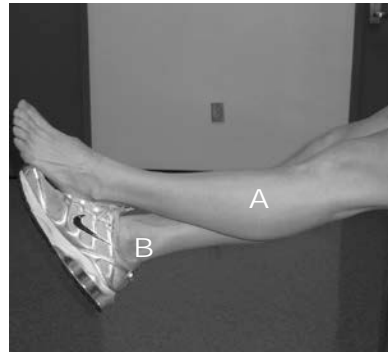
Nurse Signature

Date/Time

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Flexion:

1. Sit in a chair
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend with support from your unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Perform 10-20 times in a row
6. **Goal = 90° of flexion** (bending) by 2 weeks after surgery



•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

•Straight Leg Raises:

1. Lie on the floor
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN's POSTOPERATIVE INSTRUCTIONS
KNEE ARTHROSCOPY

ACTIVITY

- Weight bearing as tolerated. Crutches may be used for comfort.
- Do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads, Band Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply Band Aids® to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes several times per day as needed for pain. This works best after dressing removal.
- Compression** - Use the ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
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 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
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EMERGENCIES

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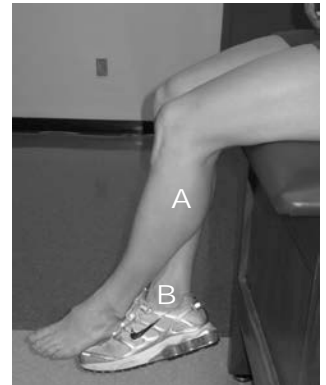
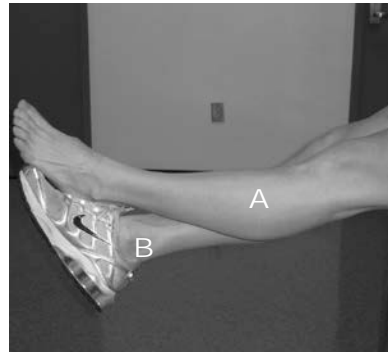
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Flexion:

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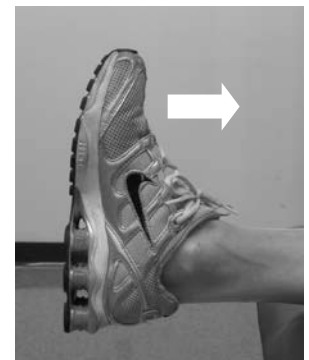
Straight Leg Raises:

1. Lie on the floor
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3. Raise your foot about 6-12" off the floor
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Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS

MENISCUS DEBRIDEMENT

ACTIVITY

- Crutches are not necessary, but you may use them to help you walk.
- Do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry; if you are going to shower/bathe, you must protect the dressing. This is easiest with plastic (Saran) wrap and tape. You may remove the dressing on postoperative day #2 (ACE wrap, white gauze pads, Band Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in the clinic. You may re-apply Band Aids® to the incisions. Please do not use Bacitracin® or other ointments on the incisions.
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PAIN & INFLAMMATION

- Ice** – Apply an ice pack several times per day for 20 minutes to help decrease swelling. Make sure to wrap the ice pack in a towel to prevent your knee from getting wet.
- Compression** - Use an ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
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EMERGENCIES

- Someone must be with you for 48 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ (524-2575) if:
 - Drainage soaks the dressings, expands, is foul-smelling, or your incisions are red, warm, and extremely painful
 - You develop a fever (>101.5°) or chills
 - You experience leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE

- A follow-up visit for a wound check and to review your surgery 7-10 days post-operatively should already be scheduled. If you have not made your post-op appointment yet, call **808-521-8100**.

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Patient or Authorized Person Signature

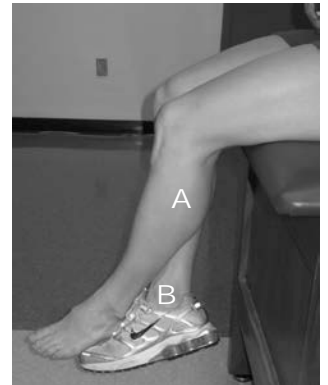
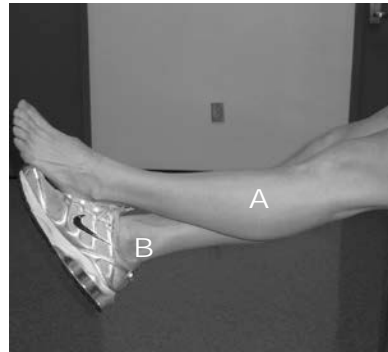
Nurse Signature

Date/Time

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Flexion:

1. Sit in a chair
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend with support from your unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Perform 10-20 times in a row
6. **Goal = 90° of flexion** (bending) by 2 weeks after surgery



•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

•Straight Leg Raises:

1. Lie on the floor
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS

MENISCUS REPAIR or MICROFRACTURE

ACTIVITY

- Weight bearing as tolerated with the brace locked in extension. Crutches can be used for comfort.
- Please do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

BRACE

- Lock at 0 degrees when walking and during sleep.**
- If you are sitting/lying down while **awake**/relaxing (reading a book, watching TV, etc) unlock brace to 90 degrees max.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads, Band Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply Band Aids® to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Remove brace during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes several times per day as needed for pain. This works best after dressing removal.
- Compression** - Use the ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

Nurse Signature

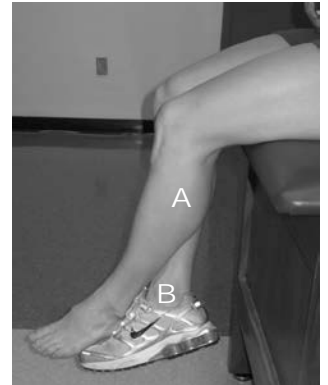
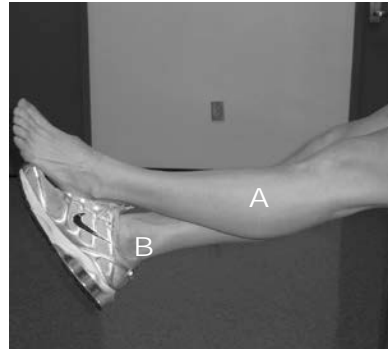
Date/Time

MIS020516

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Flexion:

1. Sit in a chair and unlock brace to 90 degrees
2. Place your unoperated leg (B) under the foot of your operated leg (A)
3. Gently allow the knee to bend with support from your unoperated leg (B)
4. When you reach your maximum bend, hold for 5 seconds
5. Perform 10-20 times in a row
6. **Goal = 90° of flexion** (bending) by 2 weeks after surgery



•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

•Straight Leg Raises:

1. Lie on the floor
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS
PATELLA FRACTURE REPAIR

ACTIVITY

- Weight bearing as tolerated with the brace locked in extension. Crutches can be used for comfort.
- Please do not engage in prolonged periods of standing or walking over the first 7 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.

BRACE

- Lock at 0 degrees when walking and during sleep.**
- If you are sitting/lying down while **awake**/relaxing (reading a book, watching TV, etc) unlock brace to 45 degrees max.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (ACE wrap, white gauze pads). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Re-apply gauze to the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Remove brace during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes out of each hour for the first 48 hours while awake. Then use for 20 minutes several times per day as needed for pain.
- Compression** - Use the ace wrap to decrease swelling.
- Elevation** - Keep your foot **elevated above your heart** as much as possible for the first 2 days. Keep your leg elevated with a pillow under your calf or foot, **NOT under the knee.**
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Take one baby aspirin (81mg) daily beginning today, unless directed otherwise by your physician.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 48 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE

- If you have not made your post-op appointment yet, call **808-521-8100**.

A Registered Nurse from MIS Hawaii will be calling to follow up on your procedure with you after your surgery to answer any post-op questions. The discharge instructions were explained to me and I have received a copy of these instructions. I understand these instructions are necessary for continuing medical care after I (the patient) leave MIS Hawaii.

Patient or Authorized Person Signature

Nurse Signature

Date/Time

EXERCISES – When you are comfortable and ready you may perform each exercise 2-3 times a day; it may help to take pain medication 20-30 minutes prior to the exercises and to apply ice after the exercises

•Quadriceps Contractions:

1. Sit or lie on the floor with your operated leg straight
2. Place a towel roll under the knee
3. Tighten your thigh and hamstring muscles, causing you to press your knee downward into the towel roll
4. Hold this position for 10 seconds
5. Relax your thigh and hamstring muscles
6. Perform 2-3 sets of 10

•Straight Leg Raises:

1. Lie on the floor
2. Perform a quadriceps contraction (as stated in the above exercise)
3. Raise your foot about 6-12" off the floor
4. Slowly lower your leg back to the floor
5. Relax your thigh muscle
6. Perform 2-3 sets of 10



•Ankle Pumps:

1. Point toes downward and hold for 5 seconds
2. Point toes upward and hold for 5 seconds
3. Perform 2-3 sets of 10



DR. CHUN'S POSTOPERATIVE INSTRUCTIONS
ROTATOR CUFF REPAIR

ACTIVITY

- The sling needs to be worn at all times except during periods of rest, exercise (see below) and hygiene. While at rest and seated, the sling can be removed and your elbow allowed to extend.
- The sling must be worn at night.
- Remove the sling 3 times a day to flex/extend your elbow and wrist. Make sure to keep moving your fingers as well.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (tape, white gauze pads, Band-Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Apply Band-Aids over the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your shoulder and the incisions wet. Remove sling during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes several times per day as needed for pain. This works best after dressing removal.
- Elevation** – It is often more comfortable to sleep slightly upright in a recliner the first 5-7 days after surgery.
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

Nurse Signature

Date/Time

DR. CHUN'S POSTOPERATIVE INSTRUCTIONS
SHOULDER ARTHROSCOPY AND DECOMPRESSION

ACTIVITY

- The sling is not required and should be worn for a **MAXIMUM** of two days after surgery. Begin moving your shoulder as soon as possible to prevent a frozen shoulder.
- There are no weight bearing precautions.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (tape, white gauze pads, Band-Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Apply Band-Aids over the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your knee and the incisions wet. Remove sling during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes several times per day as needed for pain. This works best after dressing removal.
- Elevation** – It is often more comfortable to sleep slightly upright in a recliner the first 5-7 days after surgery.
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopaedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
 - **EXCESSIVE** bleeding or drainage on the dressing
 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

Nurse Signature

Date/Time

DR. CHUN's POST-OPERATIVE INSTRUCTIONS:
SHOULDER LABRAL REPAIR

Hale Pawa'a ▪ 1401 South Beretania St Suite 600 ▪ Honolulu, HI 96814 ▪ 808-521-8100

POST-OPERATIVE INSTRUCTIONS:
SHOULDER LABRAL REPAIR

ACTIVITY

- The sling needs to be worn at all times except during periods of rest, exercise (see below) and hygiene. While at rest and seated, the sling can be removed and your elbow allowed to extend.
- The sling must be worn at night.
- Remove the sling 3 times a day to flex/extend your elbow and wrist. Make sure to keep moving your fingers as well.

DRESSINGS & INCISIONS

- The first two days after surgery you can expect a small amount of red-tinged drainage on your dressings. This is normal.
- Please keep the dressing clean and dry during showers. This is easiest with plastic (Saran) wrap and tape. Remove the dressing on postoperative day #2 (tape, white gauze pads, Band-Aids). **Please leave the white pieces of tape (steri-strips) over the incisions;** we will remove these in clinic. Apply Band-Aids over the incisions. Do not use Bacitracin® or other ointments.
- If, on day #3, the incisions are clean and dry and there is no new bleeding or drainage on the steri-strips, then you may shower and get your shoulder and the incisions wet. Remove sling during showers. Wash lightly with soap and water. You may not swim in a pool, lake, hot tub, or the ocean for a minimum of four weeks from surgery.

PAIN & INFLAMMATION

- Ice** – Apply an ice pack for 20 minutes out of each hour for the first 48 hours while awake. Then use for 20 minutes several times per day as needed for pain.
- Elevation** – It is often more comfortable to sleep slightly upright in a recliner the first 5-7 days after surgery.
- Pain Medication**
 - You have been given a prescription for pain control. Please take as directed.
 - Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease nausea, take these medications with food. To decrease constipation, use the stool softener provided (Docusate 250mg).
 - Do not drive a car, operate machinery, or drink alcohol while taking prescription pain medications.
 - Anti-inflammatory medications (Aleve, Ibuprofen, Naproxen, etc.) are okay to take after surgery.
 - If you think you will require a refill on your medication, you **MUST** call the clinic during our regular **weekday** office hours. We have a strict policy of no refills of medications at night/weekends.

EMERGENCIES

- Someone must be with you for 24 hours after the surgery.
- Please call the clinic or the orthopedist on-call (Physicians Exchange @ 524-2575) if you develop any of the following:
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 - Persistent fever (>101.5°) or persistent nausea/vomiting
 - Coldness or paleness of the operative extremity
 - Severe pain not relieved by your pain medication
 - Leg or calf pain, leg swelling, or difficulty breathing

FOLLOW-UP CARE: If you have not made your post-op appointment yet, call 808-521-8100.

I have read and discussed my physician's specific instructions as outline above with a nurse and understand them. All my questions were answered to my satisfaction

Patient or Authorized Person Signature

Nurse Signature

Date/Time