

## Caring for Your Child After Orthopedic Surgery

### Pain Control

We will work with you to control your child's pain. The best way to control pain is to combine medicines and other techniques.

### Pain Control Tips

We expect your child's pain to decrease daily. Use the pain scale we gave you to check your child's level of pain. Use it often the first two days. Use it less as pain decreases.

- It is best to treat pain early.
- Combine medicine and other techniques to treat pain.
- Give pain medicine before physical therapy sessions.

### When to Call

- If your child's level of pain is getting worse or not getting better.
- Does your child have a dressing, cast or brace? If toes or fingers are very pale or bluish, and cool or cold to touch it may be too tight. Toes and fingers should be pink and warm, and your child should be able to wiggle them.
- If there is numbness, tingling, or loss of movement in the arm or leg.
- Swelling not decreased by elevating arms and legs. Often arms and legs can be very swollen. Keep them above the level of your child's heart to decrease swelling and pain.

### Other Techniques

Using these techniques with pain medicine may decrease pain.

### Relaxation

Tense or stiff muscles may increase pain. Helping your child to relax may decrease pain.

If you would like to try to relax with exercise go to the web site [www.uwhealth.org](http://www.uwhealth.org), and type relaxation in the search box. If you don't have access to the internet try to guide your child in this relaxation exercise.

Have your child lie in bed with eyes closed. Start at the toes. Moving up to the head, ask your child to tense and relax each body part.

Think about your toes. Curl them into a ball. Hold them tight while I count to three. One, two, three. Now relax your toes. Take a deep breath and feel your toes relax. Now think about your legs. Hold them very tight while I count to three. One, two, three. Now relax your legs. Take a slow deep breath and feel your legs relax.

Keep moving up the body all the way to the head.

### Guided Imagery

Guided imagery is a way to focus the mind on an idea to relax the body. It supports the body's natural desire to heal. If you would like to try guided imagery go to the web site [www.uwhealth.org](http://www.uwhealth.org). Type in guided imagery in the search box for information and resources.

## Distraction

Distraction is a way to take your child's focus away from pain. It works best if it is something that your child becomes absorbed in. Below is a list of ideas.

- listen to music,
- read a great book,
- draw or color pictures,
- play video games,
- watch a favorite movie.

## Using Cold and Heat Packs

Cold or heat may help swollen or sore body parts. **Check with your health care provider before using this treatment. Ask if it is ok to put cold packs on the incision site.**

Put the cold or heat pack on for up to 20 minutes. Wait at least 30 minutes between treatments. Cold pack temperature should be around 59° F (15° C). Heat packs should be around 104-115° F (40-45° C).

Does your child have any pain or numbness when using the cold pack? Take it off and talk with your health care provider. Do not use cold or heat packs on open parts of skin or if your child has poor circulation.

## Common Medicines Used for Relief of Pain

Our goal is to give your child the best relief from pain. We combine pain medicines that work in many ways. Not every child can or should take all the medicines listed below. Please follow specific directions at discharge.

### Tylenol®

Tylenol® (acetaminophen) can be used by itself to decrease pain. It also works with other pain medicines. It is common to take it around the clock for the first 5-7 days after surgery and after discharge too. Tylenol® can be given before opioids. If Tylenol®

does not give enough relief, the opioid can be taken.

## Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

This group includes medicines such as ibuprofen, naproxen, ketorolac and Celebrex®. They give relief from pain and decrease inflammation. They can be taken with Tylenol® and opioids. After surgery ketorolac is given through an intravenous (IV). Once your child no longer needs an IV, it can be given by mouth or changed to ibuprofen. Ibuprofen can be a scheduled medicine after discharge for a few days. It can also be given as needed.

## Opioids

Oxycodone is used if your child does not have relief from Tylenol® or the NSAID. Your health care provider prescribes a dose for your child to take in the hospital and at home. Follow the directions on the prescription. Give the prescribed dose until a few days after surgery and your child is ready for a lower dose. Try a lower dose using the directions on the prescription to guide you.

Is your child's pain increased? Go back to giving the larger dose. Try to decrease the dose again in a day or two. Is your child not feeling better? Contact your healthcare provider. It could mean a change in your child's condition. Do not give more medicine than your child's health care provider has prescribed.

## Opioids and Addiction

An opioid is a medicine that people may become addicted to. Addiction is a disease. Some people have genetic traits that put them at higher risk. **It is not common for people to become addicted to an opioid if it is used as prescribed.** Addiction may happen when the opioid is used for reasons

other than pain control, such as sleep, anxiety or because of the way it feels. If you have concerns talk to your child's health care provider.

### **Weaning Pain Medicines**

If at discharge, your child is taking scheduled Tylenol® and ibuprofen, and oxycodone as needed, medicines should be stopped in this order.

- First, the oxycodone.
- Next, either Tylenol® or ibuprofen.
- Then the other, either Tylenol® or ibuprofen.

### **Bowel Management**

Opioids can cause severe constipation. **Call your provider if your child has not had a bowel movement by 2-3 days after discharge.**

- Eat a high fiber diet.
- Drink plenty of fluids.
- If your child is prescribed medicines that make stools easier to pass use them. Miralax® is the most common medicine used. It is a powder that can be mixed into a drink and taken daily.

### **Physical Therapy**

Physical therapy can be very helpful to increase strength and range of motion. At times it may decrease pain. It may also increase pain if your child hasn't gotten out of bed since surgery. Our hospital nursing staff give your child pain medicine before physical therapy sessions in the hospital. We would like you to use pain medicine and non-drug therapies before home or clinic physical therapy sessions.

### **Mobility**

Your child may need an assistive device to maintain or improve physical function after surgery. We give you the device before discharge, or it is dropped off at your home.

### **General Concepts to Care for Your Child After Surgery**

You will also get specific written instructions at discharge for your child.

### **Bathing**

- Keep casts and dressings dry and covered when taking a shower.
- Wait 3 weeks before soaking incisions in a tub. This promotes healing and decreases risk of infection.

### **Cast Care**

Proper care promotes healing and decreases the chance of problems.

- Wiggle fingers and toes to decrease swelling and increase circulation.
- If there is redness or broken skin around the edge of the cast, call your provider.
- To relieve itching under the cast, blow cool air in with a hair dryer.
- Do not shake powder into the cast or stick objects into the cast to scratch the skin.

### **Dressings**

Dressing supplies are given at discharge. If your child's dressing becomes soiled, it needs to be changed. Call your provider if you notice drainage.

## **Back to School**

Your child's provider:

- Writes school and gym excuses if needed.
- Writes Tylenol® or ibuprofen orders for use during school if needed. Ask if this is needed for your child.
- May suggest your child not go to school while taking opioids. If your child feels well, school work can be done at home.
- May approve a request for home teaching if needed.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7799