Caring for your Child after Orthopedic Surgery

Pain control
At American Family Children’s Hospital we care about decreasing your child’s pain. While we cannot completely relieve your child’s pain after surgery, we work with you to help control your child's pain. Research studies and our experience with other children, who have had surgery, tell us that the best way to control pain is to combine medicines and other techniques.

Pain control tips
- Use the pain scale used in the hospital at home to check your child’s level of pain.
- Use it often to check the first two days at home. We expect pain to decrease daily. Check less often as pain decreases.
- Don’t let pain get out of control; it is best to treat it early.
- Use a number of things together to treat pain.
- Your child may have an increase in pain during physical or occupational therapy sessions. We suggest giving pain medicine before therapy sessions.

When to call
- If your child’s level of pain is getting worse, or is not decreased by pain medicine and non-drug therapies.
- If toes or fingers are very pale or bluish, and cool or cold to touch. If your child has a dressing, cast or brace, check for blood flow. Toes and fingers should be pink and warm, and your child should be able to wiggle them. If the toes or fingers are not pink and warm it may be too tight.
- 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. Elevating them above the level of your child’s heart may help decrease swelling and pain.

Non drug Therapies
Using non-drug therapies with pain medicine may decrease pain. There are a number of things you can try with your child to help control pain.

Relaxation
Tense or stiff muscles may increase pain. Helping your child to relax may decrease pain. If you would like to try relaxation exercises and have internet access, go to the web site www.uwhealth.org. and type in relaxation in the search box.
If you don’t have access to the internet, have your child lie in bed with eyes closed. Starting at the toes moving up to the head, ask your child to tense and relax each body part.

Here is one way to guide your child in a relaxation exercise:
“Think about your toes; While you are thinking about your toes, curl them into a ball and hold them tight while I count to three; One, two, three. Now, relax your toes. Take a deep breath and feel the relaxation in your toes. 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 the relaxation in your legs. Keep going and moving up the body all the way to the head.

**Guided Imagery**
Guided imagery is a way to focus the mind on a relaxing idea that lets the body relax. Guided imagery supports the body’s natural desire to heal. If you are would like to try guided imagery and have internet access, go to the web site [www.uwhealth.org](http://www.uwhealth.org) and 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 degrees Fahrenheit (15 degrees Celsius). Heat packs should be around 104-115 degrees Fahrenheit (40-45 degrees Celsius).

If your child has 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 different ways. Not every child can or should take all the medicines listed below. Not every child needs all of these medicines. Please follow specific directions from your health care provider given at discharge.
Tylenol® (acetaminophen)
Tylenol® can be used by itself. It also works with other pain medicines to decrease pain. It is common to take it “around the clock” for the first 5-7 days after surgery. It can be taken this way after discharge too. It is common to take Tylenol® before opioid pain medicine. 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 an effective pain medicine to use 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. If your child’s pain increases go back to giving the larger dose. Try to decrease the dose again in a day or two. If your child is not feeling relief from pain, 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. It is not common for people to become addicted to an opioid if it is used as prescribed. Addiction can happen when the opioid is used for reasons other than pain control, such as sleep, anxiety or because of the way it feels. But sometimes addiction happens. Addiction is a disease and some people have genetic traits that put them at higher risk. If you have concerns about addiction disease, 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.
1. First, the oxycodone
2. Next, either Tylenol® or ibuprofen
3. Then the other, either Tylenol® or ibuprofen

Bowel management
Opioid medicines can cause severe constipation. **Call your provider if your child has not had a stool by 2-3 days after discharge.** Eat a high fiber diet, drink plenty of fluids, and take medicines as prescribed by providers. If your child is prescribed medicines that make stools easier to pass please 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
If your child needs an assistive device after surgery, this is assessed before or after surgery. We give you the device before discharge, or it is dropped off at your home.

Caring for your child after surgery
These are general concepts, you will get written instructions at discharge that are personalized for your child.

Bathing
- Keep casts and dressings dry and covered when taking a shower.
- Do not soak incisions in a tub for at least 3 weeks. 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.

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

Back to school
Pediatric Orthopedics staff suggests your child not go to school while taking opioid medicines. If your child feels well, school work can be done at home. Requests for home teaching are approved on a case by case basis. Providers write notes for school and gym excuses if needed, and order Tylenol® or ibuprofen for use during school. Please ask your provider if this is needed for your child.