What to do

- Keep dressing clean and dry for 2-3 days following surgery. In most cases the dressing can then be removed and the area washed lightly with soap and water; do not soak for long periods of time. For certain types of ganglion cysts, a splint is applied postoperatively. If you have a splint, keep this clean, dry, and intact. Do not remove it unless you are directed to do so by your provider. In most cases, the splint can be removed 1 week after surgery and hand washing initiated, as described above. Place a plastic bag and rubber band over the splint while showering.

- Following removal of the dressing, the area should be kept clean. A bandage may be reapplied if desired.

- The operated hand should be elevated above the level of the heart to decrease swelling and discomfort. This is usually the most helpful for the first week after surgery.

- Ice can be applied for 2-3 days following surgery. Avoid direct contact of the ice with skin, as this can result in cold-related skin damage.

- Avoid aspirin-containing products or anti-inflammatory medications (Motrin, Aleve, etc.) for 2-3 days after surgery, as these may increase the risk of bleeding immediately after surgery. Tylenol is safe immediately after surgery and may be alternated with (or used to replace) prescribed pain medication.

- It is not generally necessary, in the immediate postoperative period, to apply any ointments or topical compounds to the incision; doing so can inhibit normal healing.

- It is usually a good idea to avoid strenuous activity or exercise for the first 7-10 days after surgery. Heavy lifting with the affected hand should be avoided until the incision is well-healed (usually 4-6 weeks). Ask your provider for more specific recommendations regarding resumption of heavy lifting.

- Range of motion exercises (moving the fingers and wrist through the full range of normal motion) and using the hand for light activities are helpful in avoiding finger/wrist stiffness. This should be done throughout the day and is especially important for the first 2-4 wks following surgery.

- Driving should be avoided if you are taking narcotic pain medications or if there is still significant pain from the surgery. Driving while these conditions are present could result in an unsafe driving situation.

What to look for

- Signs of infection: increasing redness, pain, warmth, swelling, or purulent drainage at the surgical site. Additionally, fevers and chills can be signs of infection. Normal surgical pain and swelling should generally begin to decrease 2-3 days after surgery; keeping the hand elevated above the level of your heart will allow this to occur. If you suspect infection at the surgical site, contact your provider as soon as possible to determine the appropriate treatment course.

- Signs of bleeding: sudden increased swelling/mass-effect at the surgical site, drainage of blood from the wound, or severe bruising around the surgical site. Drainage of a small or moderate amount of blood-tinged fluid following surgery is not uncommon and is usually not indicative of active bleeding. If there appears to be active bleeding, direct pressure on the site can be helpful. If you suspect significant bleeding following surgery, contact your provider to determine appropriate treatment.

- Wound healing problems can manifest as separation of the wound edges at the surgical site – this occurs rarely following surgery of the hand. This can be caused by a variety of factors and is usually a problem that can be managed by dressing changes and wound care. Keep the area clean and place a gauze dressing. Contact your provider to discuss need for further evaluation or treatment options.

- Problems moving the finger through the full range of motion or significant finger stiffness can occasionally develop following any type of hand surgery. If the problem is not improved by finger range of motion exercises and gentle stretching, initiation of formal hand therapy may be beneficial. Contact your provider to discuss this further.

- If you have any problems or questions, please call us at (408) 851-2000.