

## **INSTRUCTIONS FOR SURGERY**

**In order to make your admission and hospital stay smooth and more pleasant, please comply with the following instructions:**

☐ If your surgery is on **MONDAY**, please report to:

NYU Hospital for Joint Diseases  
301 East 17<sup>th</sup> Street  
New York, NY 10003

If indicated by your physician, schedule your pre-surgical testing, located at

303 2<sup>nd</sup> Avenue, 1<sup>st</sup> Floor Suite 16  
New York, NY 10003

☐ If your surgery is on **FRIDAY**, please report to:

NYU Langone Outpatient Surgery Center  
339 East 38<sup>th</sup> Street  
New York, NY 10016

If indicated by your physician, please call 212-263-5985 to schedule your pre-surgical testing, located at

240 East 38<sup>th</sup> St.  
New York, NY 10016  
Mezzanine Level

**\*One business day prior to your surgery, hospital staff will contact you to finalize your surgery time.**

- A. Bring jogging/warm-up pants, shorts/skirt if having knee surgery.
- B. Bring a shirt/blouse that buttons open in front instead of a pullover if having shoulder/elbow surgery.
- C. If you own crutches, bring them with you, if having knee, ankle or hip surgery.
- D. Bring all medications or a list of current medications you are taking with you. Also bring a list of any allergies.
- E. Blood pressure medication should be taken as usual with a sip of water the morning of surgery. **DO NOT** take a diuretic or fluid pill. Seizure medications may be taken before surgery.
- F. **DO NOT** take oral diabetes medications (pills) the night before or the day of surgery. If you are on insulin, **DO NOT** use insulin the morning of surgery unless you are a "problem diabetic" in which case you need to consult your physician regarding the proper insulin dose for you to use prior to surgery.

Center for Musculoskeletal Care 333 E. 38<sup>th</sup> St, New York, NY 10016  
Tel: (646) 501-7223/ Fax: (646) 754-9505 / [www.NewYorkOrtho.com](http://www.NewYorkOrtho.com)



- G. Please **DO NOT** wear makeup or nail polish the day of surgery. You will need to remove contact lens (including extended wear), denture, or bridges prior to surgery. Please bring your own containers for storage.
- H. Leave all jewelry and valuables at home. The hospital will not take responsibility for lost or missing items.
- I. You need to report any skin irritation, fever, cold, etc., to Dr. Jazrawi.
- J. You will need to bring your insurance card/information with you.
- K. DO NOT eat, drink (including water), chew gum, candy, smoke cigarettes, cigars, use smokeless tobacco, etc., after midnight the night before surgery or the morning of your surgery. The only exception is a sip of water to take necessary medications the morning of surgery.
- L. You must arrange someone to drive you home when ready to leave the hospital. You will not be allowed to drive yourself home after surgery. We can assist you if you need transportation to the airport or hotel, however, you need to let us know in advance (if possible) so we can make the arrangement.
- M. NOTE: DO NOT take any aspirin, aspirin products, anti-inflammatories, Coumadin or Plavix at least 5 days prior to surgery. You are allowed to take Celebrex up to your day of surgery. If your medical doctor or cardiologist has you on any of the above medications. Please check with him/her before discontinuing the medication. You may also take Tylenol or Extra-Strength Tylenol if needed.

**Nonsteroidal Anti-Inflammatory (Arthritis) Medications:**

Some of the most common names for frequently used NSAID's include: Motrin, Indocin, Nalfon, Naprosyn, Naprelan, Arthrotec, Tolectin, Feledene, Voltaren, Clinoril, Dolobid, Lodine, Relafen, Daypro, Advil, Aleve, Ibuprofen.

**Your first follow up appointment is usually scheduled for approximately 2 weeks after your surgery at the 333 East 38th street office. The date and time of your follow-up is \_\_\_\_\_.**

If you cannot make this appointment or need to change the time, please contact the office.

If you have any questions regarding your surgery, please contact the office at 646-501-7223 option 4, option 2 or via the internet at [www.newyorkortho.com](http://www.newyorkortho.com)



## **Home Supplies For Your Surgery** **Laith M. Jazrawi M.D.**

### **Open Surgery**

- A. Open knee surgery** (ACL reconstructions, ALL (Anterolateral ligament) reconstructions, Autologous Chondrocyte Implantation, PCL reconstructions, High tibial osteotomy, Distal femoral osteotomy, Posterolateral corner reconstruction, MCL reconstruction, OATS (osteochondral autograft), Osteochondral allograft)
  - a.** You will need 4x4 Tegaderm waterproof dressings for fourteen days. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site. **Dressing changes for open knee surgery done post-op day #3.**
- B. Open shoulder surgery** , (Biceps Tenodesis, Latarjet, Open capsulorrhaphy, Glenoid reconstruction using Distal tibial allograft):
  - a.** You will need 4x4 Tegaderm waterproof dressings for fourteen days. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site. **Dressing changes for open shoulder surgery are done post-op day #3.**
- C. Open Ankle Surgery** (Achilles Tendon Repair, Os Trigonum Excision, Ankle OCD, Modified Brostrom-Gould Procedure, Peroneus Longus/Brevis Repair)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- D. Open Elbow surgery** (Distal Biceps Repair, LCL Reconstruction, Radial Head or Capitellum ORIF, Radial Head Replacement/Resection, Triceps Repair, UCL Reconstruction – Tommy John Surgery)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- E. Hamstring repair** **You will have a special dressing placed on at the time of surgery that can be removed at post-operative day #5.** You will then need 4x4 Tegaderm waterproof dressings until your first f/u in 2 weeks . Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site.

### **Arthroscopic Surgery**

- A.** For Arthroscopic shoulder, elbow, knee, or ankle surgery:
  - a.** Small size (~2x2) Tegaderm waterproof dressings can be used for arthroscopic portals x 2 weeks.
  - b.** **If biceps tenodesis was performed, use 4x4 Tegaderm dressings on wounds.**
  - c.** **In general, dressing changes for arthroscopy are done on post operative day 3**

## **Post-Operative Medication Administration**

### **Knee Arthroscopy**

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
- \*\*\*\*Aspirin starts post-operative day #1
- Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xarelto starts POD #1)

### **Knee Ligament Reconstruction**

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- Breakthrough Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
  - Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days
- \*\*\*\*Antibiotics and Xarelto or Aspirin start post-operative day #1

### **Non-weight bearing Lower Extremity Surgery**

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- \*\*\*\*\*Antibiotics and Xarelto or Aspirin start post-operative day #1

### **Shoulder/Elbow Surgery**

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.

### **Ankle fracture surgery**

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- \*\*\*\*Antibiotics and Xarelto start POD #1

### **Ankle arthroscopy +/- Microfracture and Achilles repair**

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT prophylaxis- Aspirin 325mg; One tab daily x 10 days
- \*\*\*\*Aspirin starts post-operative day #1
- Patients on birth control or history of clotting; Xarelto 10mg x 14 days followed by Aspirin 325mg daily x 28 days (Xarelto starts POD #1)

### **Hamstring repair**

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Xarelto 10mg; One tab daily x 14 days followed by Aspirin 325mg daily x 28days.
- \*\*\*\*Antibiotics and Xarelto start POD #1

## **Post-Operative Instructions**

### **Elbow Arthroscopy and Excision of Valgus Extension**

### **Overload Osteophytes**

#### **Day of Surgery**

- A. Diet as tolerated.
- B. Pain medication as needed every 6 hours.
- C. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. Make sure you have a physical therapy post-op appointment set up for the first week-10 days after surgery.
- E. If you have a splint or half cast, you will start PT after the splint is removed in the office at your first postoperative appointment which is usually at 2 weeks

#### **First Post-Operative Day**

- A. Continue icing
- B. You will need to keep your incision dry when taking a shower. Do this for about 2 weeks after surgery. If you have a splint or half cast (hardshell) leave it dry. No need to do dressing changes until your first follow-up visit at 2 weeks post-op.

#### **Second Post-Operative Day**

- A. Continue icing

#### **Third Post-Operative Day Until Return Visit**

- A. Continue ice pack as needed.
- B. If you don't have a split or half cast, you may remove surgical bandage after you shower and apply 2x2 Tegaderm (clear medical dressing) to the wounds. If you have splint you do not need to change anything. Keep extremity dry

**\*Tegaderms may be purchased at your local pharmacy.**

**Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at [www.newyorkortho.com](http://www.newyorkortho.com).**

## Post Operative Rehabilitation Following Elbow Arthroplasty (Posterior Compartment/Valgus Extension Overload)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_



### Phase I: Immediate Motion Phase

**Goals:** Improve/Regain full range of motion, Decrease pain/inflammation, Retard muscular atrophy

#### Day 1 to 4

- Range of motion to tolerance (Extension/Flexion and Supination/Pronation)
- Often full elbow extension is not capable due to pain
- Gentle overpressure into extension
- Wrist flex/ext stretches
- Gripping exercises (putty)
- Isometrics wrist ext/flex
- Isometrics elbow ext/flex

#### Day 5 to 10

- Range of motion exercises to tolerance (at least 20-90)
- Overpressure into extension
- Joint mobilization to re-establish ROM
- Wrist flex/ext stretches
- Continue isometrics
- Continue use of ice, compression to control swelling

#### Day 11 to 14

- Range of motion exercises to tolerance (at least 10-100)
- Overpressure into extension (3-4 times daily)
- Continue joint mobilization techniques
- Initiate light dumbbell program (PRE's)
- Biceps, triceps, wrist flex/ext, sup/pronators
- Continue use of ice post-exercise



### Phase II: Intermediate Phase

**Goals:** Improve strength/power/endurance, Increase range of motion, Initiate functional activities

#### Week 3 to 4

- Full range of motion exercises (4-5 times daily)
- Overpressure into elbow extension
- Continue PRE program for elbow and wrist musculature
- Initiate shoulder program (Thrower's Ten Shoulder Program)
- Continue joint mobilization
- Continue ice post-exercise

#### Week 4 to 7

- Continue all exercises listed above
- Initiate light upper body program
- Continue use of ice post-activity



### Phase III: Advanced Strengthening Program

**Goals: Improve strength /power/endurance, Gradual Return to functional activities**

**\*\* Criteria to enter Phase III**

- 1) Full non-painful range of motion
- 2) No pain or tenderness

**Week 8 to 12**

- Continue PRE program for elbow and wrist
- Continue shoulder program
- Continue stretching for elbow/shoulder
- Initiate Interval program and gradually return to sporting activities

**Comments:**

**Frequency:** \_\_\_\_ times per week

**Duration:** \_\_\_\_ weeks

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **PHYSICAL THERAPY LOCATIONS**

***\*\*Please schedule your post-operative physical therapy appointments BEFORE your surgery\*\****

### **Manhattan Sports and Manual Physical Therapy**

10 East 33rd Street, 2nd Floor  
New York, NY 10016  
(646) 487-2495  
www.msmt.com

### **Center for Musculoskeletal Care PT**

333 E 38<sup>th</sup> St, 5<sup>th</sup> Floor  
New York, NY 10016  
(646) 501-7077

### **Other Locations:**

<b>BROOKLYN</b>				
R.P.T. Physical Therapy	335 Court Street	Cobble Hill	11231	(718) 855-1543
One on One PT	2133 Ralph Ave	Flatlands	11234	(718) 451-1400
One on One PT	17 Eastern Parkway	Prospect Heights	11238	(718) 623-2500
One on One PT	9920 4th Ave	Bay Ridge	11209	(718) 238-9873
One on One PT	1390 Pennsylvania Ave	Canarsie	11239	(718) 642-1100
One on One PT	1715 Avenue T	Sheepshead Bay	11229	(718) 336-8206

<b>MANHATTAN-DOWNTOWN</b>				
Health SOS	594 Broadway	New York	10012	(212) 343-1500
Occupational & Industrial Orthopaedic Center	63 Downing Street	New York	10014	(212) 255-6690
Promobility	401 Broadway	New York	10013	(646) 666-7122

<b>MANHATTAN -EAST SIDE</b>				
Harkness Center for Dance (PT Service)	614 Second Ave	New York	10003	(212) 598-6054
RUSK at the Men's Center	555 Madison Ave	New York	10022	(646) 754-2000
RUSK Physical Therapy	240 E. 38th Street	New York	10016	(212) 263-6033
STAR Physical Therapy	160 E. 56th Street	New York	10022	(212) 355-7827



Therapeutic Inspirations	144 E. 44th St	New York	10017	(212) 490-3800
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### MANHATTAN UPPER EAST SIDE

Health SOS	139 E. 57th Street	New York	10022	(212) 753-4767
Premier PT	170 E. 77th Street	New York	10021	(212) 249-5332
Rusk PT at Women 's Health Center	207 E. 84th Street	New York	10028	(646) 754-3300
SPEAR PT	120 E. 56th Street	New York	10022	(212) 759-2211
Sports PT of NY	1400 York Ave	New York	10021	(212) 988-9057

### MANHATTAN UPPER WEST SIDE

Premier PT	162 W. 72nd Street	New York	10023	(212) 362-3595
Sports PT of NY	2465 Broadway	New York	10025	(212) 877-2525

### MANHATTAN WEST SIDE

Sports Medicine at Chelsea	22 West 21st Street Suite 400	New York	10010	(646) 582-2056
Chelsea Physical Therapy & Rehabilitation	119 W. 23rd Street	New York	10011	(212) 675-3447
SPEAR Physical Therapy	36 W. 44th Street	New York	10036	(212) 759-2280

### QUEENS

Ergo Physical Therapy P.C.	107-40 Queens Blvd	Forest Hills	11375	(718) 261-3100
Susan Schiliro, PT (Hand & Upper Extremity only)	99-32 66th Road	Rego Park	11374	(718) 544-1937

### STATEN ISLAND

One on One PT	31 New Dorp Lane 1 <sup>st</sup> , Floor	Staten Island	10306	(718) 979-4466
One on One PT	33 Richmond Hill Rd	Staten Island	10314	(718) 982-6340

### LONG ISLAND

Health SOS	375 Deer Park Ave	Babylon	11702	(631) 321-6303
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Hand in Hand Rehabilitation (Hand & Upper Extremity only)	346 Westbury Ave	Carle Place	11514	(516) 333-1481
Home PT Solutions	111 W. Old Country Rd.	Hicksville	11801	(516) 433-4570
Bi-County Physical Therapy & Rehabilitation	270-03 Hillside Ave	New Hyde Park	11040	(718) 831 - 1900
Bi-County Physical Therapy & Rehabilitation	397 Willis Ave	Williston Park	11596	(516) 739-5503

### **WESTCHESTER**

Health SOS	1015 Saw Mill River	Ardsley	10502	(914) 478-8780
Premier PT	223 Katonah Ave	Katonah	10536	(914) 232-1480
PRO Sports PT of Westchester	2 Overhill Road	Scarsdale	10583	(914) 723-6987
Westchester Sports Physical Therapy, PC	672 White Plains Road	Scarsdale	10583	(914) 722-2400
Rye Physical Therapy and Rehabilitation	411 Theodore Fremd Ave	Rye	10580	(914) 921-6061
Rye Physical Therapy and Rehabilitation	15 North Broadway; Suite K	White Plains	10601	(914) 686-3132

### **CONNECTICUT**

Premier PT	36 Old Kings Hwy S	Darien	06820	(203) 202-9889
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### **NEW JERSEY**

Jersey Central Physical Therapy & Fitness	21 47 Route 27	Edison	08817	(732) 777-9733
Jag PT	34 Mountain Blvd	Warren	07059	(908) 222-0515
Jag PT	622 Eagle Rock Ave	West Orange	07052	(973) 669-0078