

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 17th Street
New York, NY 10003

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

303 2nd Avenue, 1st Floor Suite 16
New York, NY 10003

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

NYU Langone Outpatient Surgery Center
339 East 38th 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 38th 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. 38th St, New York, NY 10016
Tel: (646) 501-7223/ Fax: (646) 754-9505 / 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

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

Fasciotomy for Chronic Exertional Compartment Syndrome

- 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)

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.
- F. Fasciotomy** **You will have a special dressing placed on at the time of surgery that can be removed at post-operative day #3.** 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**

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 Xeralto 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 Xeralto start POD #1**

Post-Operative Instructions

Fasciotomy for Chronic Exertional Compartment Syndrome

Day of surgery

- A. Diet as tolerated
- B. 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, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- C. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

First Post-Operative Day

- A. Continue ice pack every 1-2 hours while awake
- B. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. Unless otherwise noted, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches or a cane for the first 1-3 days. The amount of pain you experience should be your guide for discontinuing crutch or cane use.
- C. 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.

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply 4X4 Tegaderm (clear adhesive dressings) to these wounds prior to showering and when showering is complete apply fresh dry Tegaderm. You will need to follow this routine for 2 weeks after surgery.
- B. No baths with leg immersed under water for 1 month after surgery.

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



Post-Operative Rehabilitation Protocol: Fasciotomy for Chronic Exertional Compartment Syndrome

Patient Name: _____

Date: _____

Days 1-14:

- Crutches and PWB x 2 weeks
- AROM hip and knee
- Wiggle toes, gentle ankle AROM DF/PF as tolerated
- Straight leg raises (SLR) x 4
- Upper body exercises (seated or bench only – no pushups)
- LE stretches – hamstring, quads, ITB, hip flexors
- Ice and elevation

Goals:

- Pain management
- Prevent swelling

Weeks 2-4:

- Progress to WBAT (d/c crutches)
- Continue appropriate previous exercises
- Calf pumping, alphabet, rotations
- Gentle DF stretch w/ towel
- Light Theraband exercises x 4
- Towel crunches and side-to-side
- Seated BAPS
- Stationary bike (no resistance)
- Leg press < 25% body weight and pain-free
- Calf press < 25% body weight and pain-free
- Ice as needed
- Compression stocking if persistent swelling

Goals:

- DF/PF
- AROM WNL

Weeks 4-6:

- WBAT
- Continue appropriate previous exercises
- Scar massage (if incision well healed)
- Theraband exercises x 4 – gradually increase resistance
- Steamboats (Theraband x 4 while standing on involved LE)
- Mini-squats, wall squats, total gym
- Double leg heel raises – progress to single leg heel raises
- Double to single leg BAPS, ball toss, and body blade
- Treadmill – walking forwards and backwards
- Elliptical trainer
- Pool therapy – chest or shoulder deep water running (optional)

Goals:

- 10 single leg heel raises
- Normal walking gait x 1 mile



Hospital for Joint Diseases

NYU LANGONE MEDICAL CENTER

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Web: newyorkortho.com

orthosurgery.med.nyu.edu/sports-medicine

Weeks 6-12:

- Continue appropriate previous exercises
- Progressive strengthening program
 - Leg press and hip weight machine
 - Knee extension and HS curl weight machine
 - Fitter, slide board
 - Push-up progression
 - Sit-up progression
- Progressive low-impact cardio program
 - Treadmill – walking progression program
 - Stairmaster
 - Pool therapy - unrestricted

Goals:

- 45 min low-impact cardio 5/week
- Strength via weight machines 90% of non-involved
- Walk 2 miles at 15min/mile pace with minimum symptoms

Weeks 12-16:

- Continue appropriate previous exercises
- Running progression program when following criteria met:
 - 3 x 20 heel raises with LE strength 90% of uninvolved
 - Pain-free 2 mile walk at 15min/mile pace
 - No post-exercise swelling
- Agility drills/plyometrics
- Transition to home/gym program 2x per week

Goals:

- Run 1 mile at 12min/mile pace with min symptoms at 3 months
- Pass APFT at 4 months post-op

Comments:

Signature: _____

Date: _____