

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



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 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

High Tibial Osteotomy and ACL Reconstruction

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 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. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- 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 icing
- B. Pain medication as needed.
- C. If you have been assigned a Continuous Passive Motion (CPM) machine, it should be started the day after your surgery. This machine will be set at 30 degrees for the first 48 hours after surgery, then motion on the machine should be increased by 10 degrees per week. The machine should be used 6 hours per day (2 hours in the morning, 2 hours in the afternoon, and 2 hours in the evening). The machine can be returned 6 weeks after surgery. Do not wear leg brace or cooling device while using CPM machine.

Second Post-Operative Day Until Return Visit

- A. Continue icing
- B. Unless otherwise noted, weight-bearing is toe touch only with crutches for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate.
- 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 have not been given a time. 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.

4 months Post-op

- A. Please call the number below to schedule a custom knee brace fitting. This functional knee brace shall be worn for 1 year after returning to sports.

Park Avenue Orthotics, Inc.
155 E 55th St., Suite 200
New York, NY 10022
Phone: (212) 297-0362
Fax: (212) 697-3697

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

High Tibial Osteotomy and Anterior Cruciate Ligament Reconstruction Rehabilitation Program

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____



Phase I -Immediate Postoperative Phase (Day 1-5)

- Goals:
 - Diminish swelling/inflammation (control hemarthrosis)
 - Diminish postoperative pain
 - Initiate voluntary quadriceps control
 - Independent ambulation
- Brace:
 - Brace for ambulation only (POD 1 to Week 6)
- Weight-bearing
 - As tolerated with two crutches (approx. 50% WB)
- Swelling/Inflammation Control
 - Cryotherapy
 - Compression bandages
 - Elevation & ankle pumps
- Range of Motion
 - Full passive knee extension
 - Flexion to 45° (day 1-4)
 - Flexion to 60° (day 5)
 - PROM and gentle AAROM only
- Flexibility
 - Hamstring and calf stretches
 - PROM/AAROM within ROM limitations



Phase II -Acute Phase (Week 2-8)

- Goals:
 - Control swelling and pain
 - Promote healing of realignment tibial tuberosity
 - Quadriceps strengthening
- Brace
 - Continue brace for ambulation only
 - Discontinue brace (week 8)
- Weight-bearing
 - Unlock brace for ambulation week 4
 -
 - Non-weight bearing x 6 weeks
 - Partial weight-bearing 6-8 weeks
 - Discontinue Crutches at Week 8
- Swelling/inflammation
 - Continue use of cryotherapy
 - Compression bandage
 - Elevation
- Range of motion
 - PROM/AAROM exercises

- ROM 0-75° (week 1-3)
- ROM 0-90° (week 4)
- Muscle Retraining
 - Electrical muscle stimulation to quads
 - Quad setting isometrics
 - Straight leg raises (flexion)
 - Hip adduction/abduction
 - Hip extension
 - GENTLE submaximal isometric knee extension
 - Week 4
 - Light leg press
 - Vertical squats (no weight)
- Flexibility
 - Continue hamstring, calf stretches



Phase III –Subacute Phase “Motion” Phase (Week 9-11)

- Goals
 - Gradual improvement in ROM
 - Improve muscular strength and endurance
 - Control forces on extension mechanism
- Weight-bearing
 - One crutch (week 4-6)
 - Discontinue crutch (week 6)
- Range of motion
 - PROM 0-115°
 - PROM 0-125°
 - PROM 0-125/135°
- Exercises
 - Continue electrical muscle stimulation to quadriceps
 - Quadriceps setting isometric
 - Hip adduction, abduction, and extension
 - Vertical squats
 - Leg press
 - Knee extension light (0-60°)
 - Bicycle (week 6-8)
 - Pool program [walking, strengthening (when able)]
- Flexibility
 - Continue all stretching exercises for LE



Phase IV –Strengthening Phase (weeks 12-16)

- **Criteria to Progress to Phase IV**
 - ROM at least 0-115 degrees
 - Absence of swelling/inflammation
 - Voluntary control of quads
- Goals
 - Gradual improvement of muscular strength
 - Functional activities/drills
- Exercises
 - ½ vertical squats (0-60°)
 - Wall squats (0-60°)
 - Leg press

- Forward lunges
- Lateral lunges
- Lateral step-ups
- Knee extension (60-0°)
- Hip adduction/abduction
- Bicycle
- Stairmaster



Phase V –Return to Activity Phase

- **Criteria to enter Phase V**

- Full non-painful ROM
- Appropriate strength level (80% or greater of contralateral leg)
- Satisfactory clinical exam

- **Goals**

- Functional return to specific drills

- **Exercises**

- Functional drills
- Strengthening exercises
- Flexibility exercises

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____