

INSTRUCTIONS FOR SURGERY

| n 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 th Street |
| New York, NY 10003 |
| If indicated by your physician, schedule your pre-surgical testing, located at |
| 303 2 nd Avenue, 1 st 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. $38^{\rm th}$ St, New York, NY 10016 Tel: (646) 501-7223/ Fax: (646) 754-9505 / www.NewYorkOrtho.com

Laith M. Jazrawi, MD



Associate Professor of Orthopaedics Chief - Division of Sports Medicine Tel: (646) 501-7223

- 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 Tenodeis, 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 (\sim 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- Motrin 800mg. 1 tab three times daily, as needed
- Adjunctive pain: Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed for adjunctive pain
- 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 (Xeralto 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 Xeralto 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 Xeralto 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 (Xeralto 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 Knee Arthroscopy and Partial Meniscectomy

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.** You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

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.** If there is no brace on your leg, you may bend the knee as tolerated.
- **D.** If you have a brace or a splint on your leg, this must be worn for all walking activities. The brace may be removed for showering. It may also be removed for short periods of time while relaxing (while watching television, reading, etc.) as long as the leg is well supported.
- **E.** 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.





Rehabilitation Protocol: Arthroscopic Meniscectomy/Chondral Debridement

| Name: | Date: | |
|--------------|---|------------------------|
| Diagnosis: | Date of Su | rgery: |
| Dhaga I (W | Woodra (1.2) | |
| | Weeks 0-2) | |
| _ | ghtbearing: As tolerated with crutches (for balance) x 24-48 hou | irs – progress to WBAT |
| • Range | ge of Motion – AAROM → AROM as tolerated Goal: Immediate full range of motion | |
| • | rapeutic Exercises | |
| | | |
| 0 | ** 1 1:1 | |
| 0 | | |
| 0 | | |
| 0 | | |
| 0 | | |
| O | i della modifization | |
| Phase II (| (Weeks 2-4) | |
| | ghtbearing: As tolerated | |
| _ | ge of Motion - maintain full ROM - gentle passive stretching at e | nd ranges |
| U | rapeutic Exercises | |
| 0 | | |
| 0 | • | |
| 0 | YAY 11 | |
| 0 | | |
| | | |
| Phase III | I (Weeks 4-6) | |
| | ghtbearing: Full weightbearing | |
| _ | ge of Motion – Full/Painless ROM | |
| | rapeutic Exercises | |
| 0 | | |
| 0 | ** | |
| 0 | | |
| 0 | 71 | |
| 0 | | |
| 0 | Return to athletic activity as tolerated | |
| | · | |
| 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.msmpt.com

Center for Musculoskeletal Care PT

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

Other Locations:

| BROOKLYN | | | | |
|-----------------|-----------------------|------------------|-------|----------------|
| R.P.T. Physical | 335 Court Street | Cobble Hill | 11231 | (718) 855-1543 |
| Therapy | | | | |
| 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 |

| MANHATTAN- DOWNTOWN | | | | |
|--|-------------------|----------|-------|----------------|
| 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 |

| MANHATTAN -EAST SIDE | | | | |
|--|--------------------|----------|-------|----------------|
| 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 |
|--------------------------|----------------|----------|-------|----------------|
| • | | | | |
| | | | | |
| MANHATTAN UPPER | | | | |
| EAST SIDE | | | | |

| 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 | 207 E. 84th Street | New York | 10028 | (646) 754-3300 |
| Health Center | | | | |
| 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 | New York | 10010 | (646) 582-2056 |
| | Suite 400 | | | |
| Chelsea Physical Therapy & | 119 W. 23rd Street | New York | 10011 | (212) 675-3447 |
| Rehabilitation | | | | |
| SPEAR Physical Therapy | 36 W. 44th Street | New York | 10036 | (212) 759-2280 |

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

| STATEN ISLAND | | | | |
|---------------|-------------------------|--------|-------|----------------|
| One on One PT | 31 New Dorp Lane | Staten | 10306 | (718) 979-4466 |
| | 1 st , Floor | Island | | |
| One on One PT | 33 Richmond Hill | Staten | 10314 | (718) 982-6340 |
| | Rd | Island | | |

| LONG ISLAND | | | | |
|-------------|-------------------|---------|-------|----------------|
| Health SOS | 375 Deer Park Ave | Babylon | 11702 | (631) 321-6303 |





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

| 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 | 2 Overhill Road | Scarsdale | 10583 | (914) 723-6987 |
| Westchester | | | | |
| Westchester Sports | 672 White Plains | Scarsdale | 10583 | (914) 722-2400 |
| Physical Therapy, PC | Road | | | |
| Rye Physical Therapy and | 411 Theodore Fremd | Rye | 10580 | (914) 921-6061 |
| Rehabilitation | Ave | | | |
| Rye Physical Therapy and | 15 North Broadway; | White | 10601 | (914) 686-3132 |
| Rehabilitation | Suite K | Plains | | |

| CONNECTICUT | | | | |
|-------------|--------------------|--------|-------|----------------|
| Premier PT | 36 Old Kings Hwy S | Darien | 06820 | (203) 202-9889 |

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