

## **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** **Modified Brostrom-Gould Procedure**

### **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. Ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- D. Set up your physical therapy appointment for 4 weeks after surgery
- E. **Keep leg elevated above heart**

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

- A. Continue icing
- B. You will need to keep your cast/splint dry when taking a shower. Do this for about 4 weeks after surgery.

### **Second Post-Operative Day until return visit**

- A. Continue icing
- B. Leg elevation as much as possible

### **Ankle Support**

- A. Weeks 0-2: posterior slab/splint
- B. Weeks 2-4: short leg cast
- C. Weeks 4-6 Aircast walking boot weightbearing as tolerated. ROM exercises in PT
- D. Weeks 6-8: wean out of boot

**\*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).**

## Postoperative Rehabilitation Following Modified Brostrom-Gould Procedure

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

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

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

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



### IMMEDIATE PROTECTION PHASE (week 0-4)

- **Goals**
  - Protect healing tissue
  - Decrease pain and inflammation
  - Retard muscular atrophy
  - Control weight-bearing forces
- **Weight-bearing:** partial weight-bearing in cast with 2 crutches for first 4 weeks
- **ROM:** none
- **NO INVERSION EXERCISES**
- **Exercises**
  - No strengthening for first 4 weeks
  - Begin submaximal isometrics at 4 weeks
  - Hip abduction/adduction
  - Straight leg raises into flexion
  - Remove cast week 4 and place in cam walker



### Phase II -INTERMEDIATE PHASE (Week 4-12)

- **Goals:**
  - Protect healing tissue
  - Retard muscular atrophy
  - Progress weight-bearing tolerance
  - Begin proprioceptive drills
- **Weightbearing:**
  - Weight-bearing as tolerated in cam walker weeks 4-8
  - Discontinue cam walker at end of week 8
  - Place in air cast for 3 additional weeks
- **ROM:** begin passive dorsiflexion, plantarflexion and eversion
- **No active INVERSION past neutral for 12 weeks**
- **Begin strengthening exercises**
  - PRE's at 75% of opposite LE (Theraband)
  - Emphasize eversion and peroneal strengthening (Theraband)
  - Continue above exercises and begin bicycle
- **Week 6-8**
  - 3-way Theraband isotonic (dorsiflexion, plantarflexion, eversion)
  - Seated proprioceptive drills
  - Leg press
  - Knee extension
- **Week 8-9**
  - Vertical squats
  - Side and front lunges
  - Lateral step-ups



- **Week 10-12**
  - Standing proprioceptive drills
  - Stair climbing machine
- **Pool Program**
  - Swimming week 6-8
  - Fast-paced walking week 8-10
  - Running in pool week 10-12



### **Phase III –ADVANCED MOTION AND STRENGTHENING PHASE (Week 12-20)**

- **Goals:**
  - Progress to full motion
  - Advance proprioceptive drills
  - Increase strength, power, and endurance
  - Gradually initiate sporting activities
- **Exercises**
  - Continue strengthening exercises
  - Theraband strengthening inversion/eversion, dorsi/plantarflexion
  - Towel gathering
  - Standing toe-calf raises
  - Bicycle
  - Stairclimber
  - Vertical squats
  - Front lunges
  - Proprioceptive training
- **Initiate Plyometric Program**
  - Initiate:
    - Running program
    - Agility drills
    - Sport specific training and drills



### **Phase IV –RETURN TO ACTIVITY PHASE (Month 5-6)**

- **Goals:**
  - Continue to increase strength, power, and endurance of lower extremity
  - Gradual return to sport activities
- **Exercises**
  - Begin light running program
  - Continue isokinetic (light speed, full ROM)
  - Continue eccentrics
  - Continue mini squats/lateral step-ups
  - Continue closed kinetic rehabilitation
  - Continue endurance exercises







**Phase V –Return to Activity (Month 5-6)**

- **Goals**
  - Advance rehabilitation to competitive sports
  - Achieve maximal strength and further enhance neuromuscular coordination and endurance
- **Exercises**
  - Continue
    - Strengthening program
    - Closed chain strengthening program
    - Plyometric program
    - Running and agility program
  - Accelerate sport specific training and drills

**Comments:**

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

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

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

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

