

## **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** **Open Elbow Surgery, Lateral Collateral Ligament (LCL)** **Reconstruction**

### **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. 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-Op Rehabilitation Protocol: Elbow Lateral Collateral Ligament Reconstruction

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

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

### Precautions

- No elbow ROM for 2 weeks
- Elbow brace placed on at first post-operative visit at 2 weeks post-op
- Slow progression of supination, elbow extension and elbow flexion
- A/PROM to protect LCL
- Avoid full elbow extension combined with supinated forearm for 8 weeks
- No weight-bearing (CKC) exercises for minimum 4 month
- Unrestricted activity, including sports-specific skills, limited for 6 months.

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### I Immediate Postoperative Phase (0–3 Weeks)

#### Goals:

Protect healing tissue  
Decrease pain and inflammation  
Retard muscle atrophy  
Protect graft site to allow healing

#### **Postoperative Week 0-2**

Posterior splint at 90 degrees elbow flexion (0-2 weeks)

#### **No elbow ROM**

Hinged elbow brace placed at 2 weeks post-op after splint is discontinued

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### II Intermediate Phase (Week 3–7)

#### Goals:

Gradual increase to full ROM  
Promote healing of repaired tissue  
Regain and improve muscle strength Restore full function of graft site

#### **A. Week 3**

Brace: Elbow hinged brace 60–100 (gradually increase elbow flexion and increase extension 15 degrees at 2 week intervals)

Exercises: Begin ROM with neutral or pronated forearm

#### **B. Week 4**

Begin light resistance exercise for arm (1 lb)

Wrist curls, extension

Elbow extension–flexion

Progress shoulder program emphasize rotator cuff and scapular strengthening

Initiate shoulder strengthening with light resistance

**C. Week 5**

ROM: Elbow ROM 45–125 degrees

Remain in hinged elbow brace

Continue all exercises: Progress all shoulder and upper extremity exercises (progress weight 1 lb)

**D. Week 6**

ROM in brace: 30–145 degrees

Exercises: Initiate forearm supination ROM from neutral

Initiate Thrower's Ten Program

Progress elbow strengthening exercises

Initiate shoulder external rotation strengthening Progress shoulder program

**E. Week 7**

Brace: Discontinue brace at weeks 6–8

Progress to full elbow ROM

Progress Thrower's Ten Program (progress weights)

☐ **III Advanced Strengthening Phase (Week 8)**

Goals: Increase strength, power, endurance

Maintain full elbow ROM

Gradually initiate sporting activities

**A. Week 8**

Brace: Discontinue hinged brace by end of week 8

Exercises: Initiate eccentric elbow flexion–extension

Continue isotonic program: forearm and wrist

Continue shoulder program—Thrower's Ten Program

Progress to isotonic strengthening program

☐ **Protocol Modifications:**

**Comments:**

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

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

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

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