

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 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

Proximal Hamstring Repair

Day of surgery

- A. Diet as tolerated
- B. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- C. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.
- D. If you were given a brace this should be worn at all times except during sleep.

First Post-Operative Day

- A. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Unless otherwise noted, weight-bearing is toe-touching only for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
- B. 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 until your first follow-up visit.

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



Post-Operative Rehabilitation Protocol: Proximal Hamstring Tendon Repair

Patient Name: _____

Date: _____

Weeks 0-6:

Goal:

- Protection of surgical repair

Precautions:

- Non-weight bearing with crutches for 6 weeks
- No active hamstring contraction
- No hip flexion greater than 45 degrees
- Knee extension limited pending intra-operative tension on the repair

Durable Medical Equipment:

Progress ROM by 30 degrees per week to full ROM by 8 weeks

Cryotherapy unit to be used 4-6 times per day for 20 minutes per session

Crutches/Non-weight bearing for 4 weeks with progression to full-weight bearing weeks 5-7

Exercises:

Cryotherapy for pain and swelling control 3-5x/day

Teach patient how to transfer from supine to sit, stand to sit, as well as perform ADLs safely. (Avoid greater than 45 degrees of hip flexion when the knee is extended during any and all activities, ie. sitting)

Heel props with quad sets, supine position only, to avoid knee stiffness and quad shut down

Other:

1. Light desensitization massage to the incision and posterior hip
2. Scar massage
3. Silicon patch over incision (if open repair)

Clinical follow-up:

Follow-up with physician at approximately 2 weeks postoperative



Hospital for Joint Diseases

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orthosurgery.med.nyu.edu/sports-medicine

Weeks 6-8:

Goal:

- Restore normal gait
- Pain free and normal functional ADLs

Precautions:

- Monitor tenderness of surgery site
- No hamstring flexibility or stretching exercises are to be performed during this phase. Lengthening of the repair and return of normal hamstring flexibility will be allowed to occur on its own. (This is traditionally not an issue following this procedure)

Exercises:

1. Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike)
2. Improve ADL function, ie. Sit -> stand, stairs, etc.
3. Begin light hamstring strengthening with low loads, high reps and high frequency by performing hamstring leg curls in standing with the hip extended. Start with zero resistance then progress as tolerated 1 lb at a time-2sets/20, 4-5x/day
4. Begin total leg strengthening (TLS):
 - a. Heel raises
 - b. Quad sets (active heel lift)
 - c. Short arc quads
 - d. General hip strengthening in side lying (gluteus maximus and medius)
 - e. Single leg balance for proprioception

Other:

- Light desensitization massage to the incision and posterior hip
- Scar massage

Clinical follow-up:

Follow-up with physician at approximately 8 weeks postoperative to advance rehab and monitor progress



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Weeks 8-12:

Goal:

- Pain-free performance of non-impact aerobic activities
- Unrestricted ADLs at home or work

Precautions:

- Monitor hamstring flexibility and tenderness of surgery site

Exercises:

1. Begin non-impact aerobic conditioning as tolerated with any of the following:
 - a. Stationary bike
 - b. Stairmaster
 - c. Elliptical trainer
 - d. Nordic track
 - e. Aquatic therapy with swimming or functional activities in the water (Avoid forceful, explosive or repetitively strainful activities)
2. Continue to progress TLS as tolerated:
 - a. $\frac{1}{4}$ squats
 - b. Stepdowns
 - c. Leg press
 - d. Knee extensions
 - e. Heel raises
 - f. Hip abductor in standing with tubing or machine
 - g. Balance and proprioceptive training
3. Progress hamstring strengthening in standing by increasing weight or initiating TheraBand
4. Patient may progress to prone positioning on a machine and then to seated leg curls (with hip flexed at 90 degrees) on a machine or with tubing

Clinical follow-up:

Follow-up with physician at approximately 14 weeks postoperative to release to all activities as tolerated. The patient's frequency of follow-up with the therapist will be determined on an individual basis and depend largely on the patient's adherence, as well as the patient's and therapist's comfort level.

Signature: _____

Date: _____