

## **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 (or similar size) waterproof bandages for fourteen days. **Bandage 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 (or similar size) waterproof bandages for fourteen days. Also, a box of **Bandage 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 arm will be in splint/cast for the first two weeks. **For Tennis Elbow surgery (lateral epicondylitis) and Golfer's Elbow Surgery (medial epicondylitis), dressing changes are started on post-op day #3.** You will need 4x4 (or similar size) waterproof bandages for fourteen days.
- E. **Hamstring repair** You will have a special dressing placed on at the time of surgery that will be kept on for the first 2 weeks after surgery. You will then need 4x4 (or similar size) Tegaderm or Telfa waterproof dressings. 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. Regular adhesive bandages ("Band-aids") can be used for arthroscopic portals x 2 weeks.
  - b. **If biceps tenodesis was performed, use 4x4 (or similar size) waterproof bandages 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
- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
  - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.

### **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 81mg; 2 tabs daily x 14 days
- \*\*\*\*Antibiotics and Aspirin start post-operative day #1

### **Non-weight bearing Lower Extremity Surgery (Meniscal Repair, Meniscal Root Repair, Distal Femoral Osteotomy, High Tibial Osteotomy, Tibial Tubercle Osteotomy, Cartilage Transplant)**

- 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- Aspirin 81mg; 2 tabs daily x 14 days
- \*\*\*\*\*Antibiotics and 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.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days

#### **Ankle fracture surgery & Achilles Tendon 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 - Aspirin 81mg; 2 tabs daily x 14 days
- \*\*\*\*Antibiotics and Aspirin 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 81mg; 2 tabs daily x 14 days
- \*\*\*\*Aspirin starts post-operative day #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 - Aspirin 81mg; 2 tabs daily x 14 days
- \*\*\*\*Antibiotics and Aspirin start POD #1

## **Post-Operative Instructions** **Shoulder Arthroscopy**

### **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.

*You will be contacted by Gotham surgical brace company regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.*

- C. Pain medication as needed every 6 hours (refer to pain medication sheet)

### **First and Second Post-Operative Day**

- A. Continue Icing.
- B. Pain medications as needed

### **Third Post-Operative Day**

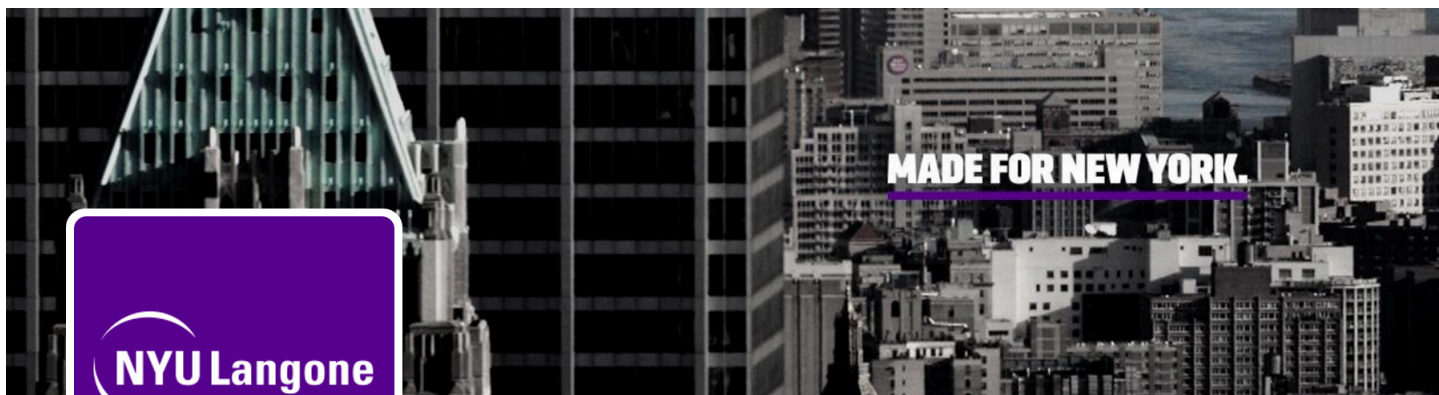
- A. You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

### **Physical Therapy**

- A. Physical Therapy should begin within the first 10 days after surgery. Please call your preferred facility to make an appointment.

*\*Note: Your shoulder will be very swollen. It may take a week or longer for this to go away. It is also common to notice burning around the shoulder as the swelling resolves. If excessive bleeding occurs, please notify Dr. Jazrawi.*

**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).**



## Dr. Laith M. Jazrawi

Chief, Division of Sports Medicine  
Associate Professor Department of Orthopaedic Surgery

# Rehabilitation Protocol After Shoulder Arthroscopy

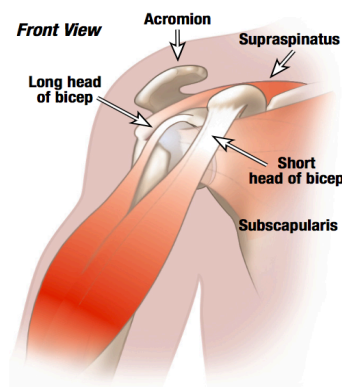
The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone), and the clavicle (collarbone). One part of the scapula, called the glenoid fossa, is coupled with the humerus to make up the socket of the shoulder (Figure 1). The glenoid is very shallow and at the surface of the glenoid is a rim of soft tissue that turns the surface of the glenoid into a deeper socket that molds to fit the head of the humerus. Another part of the scapula, called the acromion, articulates with the clavicle (collarbone) to make the acromioclavicular (AC) joint.

The acromion (Figure 2) itself can be classified as flat (type I), curved (type II), or hooked (type III). The rotator cuff connects the humerus to the scapula. The rotator cuff is formed by the tendons of four muscles: the supraspinatus, infraspinatus, teres minor, and subscapularis (Figure 3).

The stability and movement of the shoulder is controlled primarily by the rotator cuff muscles, with assistance from the ligaments, glenoid labrum and capsule of the shoulder.

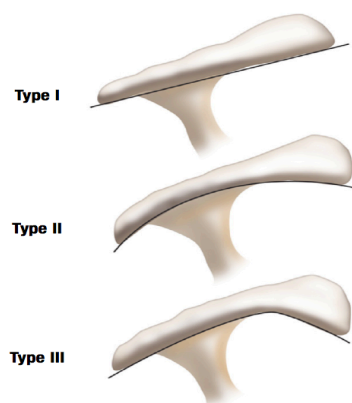
Labral tears and rotator cuff tears are often caused by a direct injury to the shoulder, such as falling on an outstretched hand. However, the labrum and rotator cuff also can become torn from gradual wear and tear of the shoulder. These tissues can get caught between the glenoid and the humerus or the humerus and the acromion which can cause pain and catching with shoulder movement. Shoulder arthroscopy may be performed using instruments (about the size of a pencil which include a camera and other surgical instruments) inserted through small incisions in the shoulder, to debride massive, irreparable tears of the labrum and/or rotator cuff.<sup>1,2</sup>

Subacromial impingement occurs when the rotator cuff tendons and/or bursa become trapped between the acromion and the humerus with overhead motion of the shoulder.<sup>3</sup> This is more likely to occur if the acromion is curved or hooked (Type III) and often leads to pain and limitation of movement at the shoulder.<sup>3</sup> A subacromial decompression is an arthroscopic procedure performed when an instrument is used to remove some bone on the undersurface of the acromion to create more space for the rotator cuff tendons (Figures 4 and 5). Often there is a bone spur in this region that can pinch against the rotator cuff or bursa (fluid filled sac) causing the pinching or impingement.



**Figure 1** Shoulder anatomy

Image Copyright 2010 UW Health Sports Medicine Center.



**Figure 2** Acromion classifications

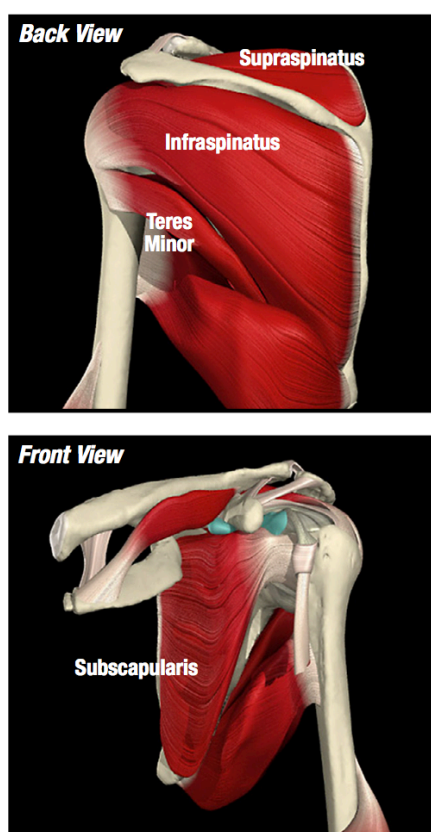


## Rehabilitation Protocol After Shoulder Arthroscopy

Acromioclavicular (AC) joint symptoms are another common shoulder problem, resulting from both direct injury to the AC joint and rotator cuff impingement. A Mumford arthroscopic procedure resects the distal clavicle in cases of posttraumatic degenerative disease of the AC joint and shoulder impingement syndrome.<sup>4</sup>

Chronic impingement and/or inflammation of the long head of the biceps (Figure 1) can also be a pain generator in the shoulder. The tendon can often become frayed or partially torn. In some cases the surgeon may “release” or cut the long head of the bicep near its attachment site to relieve stress and tension, thus eliminating the pain. This is called a biceps tenotomy and can also be done arthroscopically.

Rehabilitation is vital to regaining motion, strength and function of the shoulder after arthroscopic surgery. Initially patients may use a sling for comfort. During this time, range of motion exercises are started to prevent the shoulder from getting stiff and losing mobility. The rehabilitation program will gradually progress to more strengthening and control type exercises. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehabilitation compliance and injury severity. Restrictions or precautions may also be given to protect healing.



**Figure 3** Rotator cuff anatomy

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**Figure 4** Pre-operative radiograph of a patient with shoulder impingement. The arrow indicates the area of the Type III acromion.



**Figure 5** Post-operative radiograph of the same patient in Figure 3. Notice how the Type III acromion (hook) has been shaved off during the subacromial decompression.

## References

1. Liem, D, et al. Arthroscopic Debridement of Massive Irreparable Rotator Cuff Tears. *Arthroscopy*. 2008 July; (24)7:743-748.
2. Martin DR, Garth WP Jr. Results of Arthroscopic Debridement of Glenoid Labral Tears. *Am Jour Sports Med*. 1995; 23 (4):447-451.
3. Attiq-ur-Rehman, Wajid MA, Ahmad T. Shoulder impingement syndrome: outcome of arthroscopic subacromial decompression. *J Coll Physicians Surg Pak*. 2009 Oct;19(10):636-639.
4. Lesko, PD. Arthroscopic Mumford Procedure Variation of Technique. *Iowa Orthop J*. 1999; 19: 93-98.



## **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.msmt.com

### **Center for Musculoskeletal Care PT**

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

### **Other Locations:**

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

| <b>MANHATTAN-DOWNTOWN</b>                    |                   |          |       |                |
|--|-------------------|----------|-------|----------------|
| 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 |

| <b>MANHATTAN -EAST SIDE</b>            |                    |          |       |                |
|--|--------------------|----------|-------|----------------|
| 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

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

### QUEENS

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

### STATEN ISLAND

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

### LONG ISLAND

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



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

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

### **CONNECTICUT**

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

### **NEW JERSEY**

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