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## Post Op Instructions: Upper Extremity/Shoulder

- We recommend PT at least 2-3x/week for 6-8 weeks after surgery Please make an appointment with your local PT of your choice ASAP, preferably starting the day after surgery. If you need to find a PT, use [physicaltherapists.com](http://physicaltherapists.com) for a city or state directory.

### MEDICATIONS PRESCRIBED FOR AFTER SURGERY:

#### FOR PAIN RELIEF:

- **We do NOT recommend ibuprofen, Advil, Aleve, Motrin, or NSAID products for 6wks after surgery**, as these can delay healing.
- **Start by taking Tylenol for pain relief, however, use caution when taking TYLENOL** or other acetaminophen products while taking Lorcet as it already contains tylenol. Do NOT exceed more than **3000mg** of Tylenol per day.
- You have been provided the following pain medication after your surgery. Wean off of narcotics as soon as symptoms allow. You may take these medications with the Zofran and the blood thinning medication. You may resume all of your normal, at home, prescribed medications unless told otherwise by the surgical team.
  - **OXYCODONE 5 mg**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. If you are not in pain, you should not take this medication. Try to wean down your use of this drug as soon as symptoms allow.  
*If 2 tablets every 4 hours are not relieving all your pain please call our office. See last page for more narcotic information.*
  - **LORCET 5 mg (hydrocodone 5mg and acetaminophen 325mg)**: this is a short-acting medication for pain. You should take 1 or 2 tablets every 4 to 6 hours AS NEEDED. *If 2 tablets every 4 hours are not relieving all your pain please call our office.* THIS MEDICATION CONTAINS TYLENOL (each tablet= 325mg of Tylenol). Use caution when taking additional Tylenol. MAX TYLENOL DOSE PER DAY IS 3000mg.
  - **TRAMADOL 50mg**: This is a short acting medicine for pain that is still considered a narcotic, but is less potent. Take 1-2 tablets every 6 hours as needed for pain.
  - **OTHER:** \_\_\_\_\_

#### FOR NAUSEA:

- **ZOFRAN (Ondansetron) 4mg Tablet** - this medication is for nausea or vomiting. Place 1 tablet under the tongue every 8 hours as needed for nausea. If you are not nauseous, you do not need to take this medication. Please call our office if you still experience vomiting despite taking this medication.

#### FOR ANTI-COAGULATION (Blood Thinners):

You have been prescribed an anticoagulation medication. This medication is taken to prevent a blood clot from developing, which is a possible complication after any surgery. This medication is required after all surgeries. You must finish the entire prescription of anticoagulation medication. In addition to the medication, please wear the white stockings on your lower legs for 2 weeks after surgery, as these help prevent a blood clot. The stockings may be washed.

- **ASPIRIN 81 mg**: This is a mild blood thinner. Please take 1 tablet every day for 2-4 weeks: starting the day after surgery, no matter what kind of procedure you had. Finish the entire prescription bottle, even if you are feeling better.
- **ELIQUIS 2.5mg (apixaban)**: Usually this blood thinning medicine is taken 2x per day for 4 – 6 weeks. Do not take aspirin while taking this medication. This is an oral medication for patients with a higher risk, such as those flying after surgery, those with a personal history of blood clots, cancer, or on certain types of medications.
  - Take Eliquis on the day before, the day of, and the day after your flight. Do not take aspirin on the days you take Eliquis, but resume the aspirin as prescribed after you finish the course of this medication.
- **LOVENOX 40mg(enoxaparin) injection**: This is a daily injection. Inject 40mg subcutaneously daily or the day before travelling. Do not take aspirin while taking this medication.



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### OTHER MEDICATIONS (Rx)

- **ROBAXIN 500mg (methocarbamol):** This temporary medication may be used for any muscle spasm pain you have associated with your surgery. Take 1 tablet 3x/day or as needed for any pain associated with muscle spasms.
- **OTHER:** \_\_\_\_\_

### OTHER MEDICATIONS TO CONSIDER: *(you may buy these over the counter, without a prescription)*

- ✓ **TYLENOL:** Some pain medications contain **Tylenol**, including Norco, Lorcet, and Percocet. Oxycodone and Dilaudid **DO NOT** contain **Tylenol**, and it is recommended to **add in Tylenol for pain control if needed**. This can be taken as 325-600mg every 4 hours. You may take the Tylenol with the narcotics or alternate. The maximum dose for Tylenol per day is 3000mg.
- ✓ **MIRALAX, COLACE, SENNA OR DOCUSATE:** These are over-the-counter mild laxatives and stool softeners for prevention of constipation. We suggest beginning this the day after surgery if you are taking narcotics. Please call the office if you have not had a bowel movement for three days after your surgery.
- ✓ **BENADRYL:** Itching can be common when taking narcotics. Take Benadryl as needed for any itching symptoms. It may also be used with Melatonin for a sleep aid if you have any issues with sleeping post op, as it may cause drowsiness.
- ✓ **CALCIUM and VITAMIN D:** These medications help build bone and increase healing after a fracture or any procedure that involves work with the bone. We recommend beginning an over-the counter Calcium supplement of 2,000mg daily as well as Vitamin D supplement at 2,000IU daily for 1-3 months after your surgery.

### DRESSING/BANDAGE CHANGES:

**You may change your surgical dressing the next day after surgery**, or if you are seeing a physical therapist, you may have them do this for you. Please read these directions in their entirety before beginning a dressing change.

- Take down/remove all the bandages besides the Steri-Strips (white tape on your skin)
  - For **Shoulder Surgery**, you may carefully remove any tan foam tape, large white pads, 4x4 gauze pieces, OpSites (clear water proof bandages), or yellow pieces of linen (called Xeroform). **DO NOT PULL ON SUTURE ENDS.**
- It is very important that you **leave the last layer of bandage on your skin**; this layer is made of “Steri-Strips”, which are the white pieces of tape adhered directly to your skin. These should stay on until your first post-operative appointment with Dr Cinque. You may not have steri strips placed during your surgery, in this case, take all the bandages off and recover the incision with an OpSite.
  - You may GENTLY clean around the Steri-Strips with a warm washcloth and antibacterial soap to remove any dried blood, or iodine solution used to clean your operative area prior to surgery. Do NOT scrub the incision area.
  - Do NOT put any oil, Neosporin, hydrogen peroxide, or lotion on your incision. After 3-4 weeks, we recommend using Mederma for scar minimization, found at most pharmacies.
  - Do NOT submerge your incision in any bath or hot tub for 3-4 weeks after surgery.
- After you have cleaned the incision area, you may re-cover the incisions (with the Steri-Strips still in place) with an OpSite Bandage that was given to you in post-op. Several sizes of OpSites have been provided, choose the best one that fits your needs. To place the OpSite, peel the paper off of one side to reveal the sticky tape, then place this over your incision. Then you may remove the top layer of paper from the OpSite to reveal the clear tape adhered to your skin.
  - You may shower with these OpSites covering your incision. Once the OpSite appears wrinkled, dirty, or old, you may peel it off and replace it with another one. **We recommend changing the OpSite every 1-3 days.** You should cover your incision with an OpSite at all times for the first 10-14 days post op.
  - You may shower three days after your surgery, or after your nerve catheter is removed. To shower, we recommend sitting down, or getting a camping chair or metal/plastic fold out chair to place in your shower (available at WalMart for <\$15. We also recommend getting a non-slip mat for your bath tub). Before you turn the water on, sit down on the chair in the shower, remove any sling or brace that you are required to wear (as they are not water proof), and while safely seated, allow the water to roll over your operative area, protected by the OpSites. Once you have finished bathing, pat the incision area dry, replace the OpSites as



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needed, and then put your sling or brace back on. If the opsite leaks, peel it off, pat the area dry, and replace it with a new one.

- You may notice suture/stitches on your incision, these may be black or they may be clear, like fishing line. These will be removed by Dr Cinque at your first post-op appointment, or if you are following up elsewhere, they may be removed by your physical therapist or another physician 10-14 days after surgery. **DO NOT PULL OR CUT ANY SUTURES.**
- Some signs to look for that may be of concern are an incision that is very red and very painful, leaking thick yellow or cloudy fluid, is still bleeding, or smells foul. Any of these symptoms or a high fever is reason to call our office.
  - Small amounts of clear fluid or dried blood is normal, as is bruising and discoloration.
- **If you were given a NERVE catheter** pre operatively and you have any issues with it, including leakage, pump malfunctioning, catheter tip falling out, etc, then please call the phone number provided on your pump or call the anesthesia number provided in the preoperative area.

### **OTHER GENERAL SURGERY INFORMATION**

**ICE:** Swelling and bruising is normal after surgery because fluids are used during surgery. Continuous icing will help to decrease swelling and pain. It is best to **ice at least 5-6 times a day for 20-30 minutes**. It is very important to always have a protective cloth layer between the ice and your skin. You may use ice bags, frozen wraps, frozen peas or a NICE or Game Ready unit (an ice/compression machine). If you have received a NICE machine and have any questions regarding its use, please call the number provided with the machine. We do not recommend using compression features until 3-4 days after your surgery.

**DRIVING:** Please do not drive until you are evaluated in the office after surgery, or until you are no longer taking narcotics. You are considered an impaired driver following surgery, and if you choose to drive, your insurance may not cover any accidents that occur.

**PHYSICAL THERAPY:** This is dependent on your injury and specific procedure. You will be given specific protocol after your surgery (included in the white surgery folder). Please begin therapy at a facility of your choice as soon as possible following surgery (within 2-3 days) and **bring this folder with you to the visits**.

**ACTIVITY RESTRICTIONS/BRACE/SLING:** This is dependent on your injury and specific procedure. You may be required to use a brace or sling. The type of surgery you had will dictate how long to wear your brace/sling. Your PT protocol will outline any restrictions you may have with lifting and range of motion. **If you are placed in a sling/brace, it is extremely important to use as directed and make sure you always have the sling on when ambulating (walking)**. It is important that you follow all instructions regarding activity restrictions as they are intended to promote healing and prevent complications. You may take the brace/sling off if you need to change the bandages, change clothes, or shower (be extra cautious!), or if you are sitting. We recommend wearing the sling even while you are sleeping unless told otherwise by our team.

- **Rotator Cuffs:** We encourage you to remove the sling and move your elbow and wrist with your arm at your side (no shoulder motion!) several times a day to prevent elbow and wrist stiffness, however we ask that you wear your sling for 4-6 weeks to protect the repair. Usually, we do not allow any active movement of the shoulder joint for 4-6 weeks after surgery.
- **YOUR SLING IS REQUIRED FOR \_\_\_\_\_ WEEKS, even while sleeping (to help protect your surgical repair)**
- **YOU ARE NOT ALLOWED ANY ACTIVE RANGE OF MOTION FOR \_\_\_\_\_ WEEKS (meaning you cannot lift your shoulder/upper arm with your own muscles. Elbow and wrist motion is OK)**



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**SIGNS AND SYMPTOMS OF COMPLICATIONS:** Although rare, the following are a list of concerns you should be aware of:

- **Infection** – increased pain not relieved with medication, *fever >100°*, chills, redness, swelling or drainage from incision.
- **Blood Clot** – calf pain, swelling, or tenderness (described as throbbing pressure that worsens), shortness of breath or chest pain.

**REASONS TO CALL:**

- >100° Fever, persistent night chills or sweats
- Redness, swelling, or warmth around the incisions, non-clear drainage from the incision or severe increased incisional pain
- Severe pain not relieved by medications
- Calf swelling, redness, painful to touch, pressure sensations
- Chest pain, difficulty breathing, or coughing up blood
- Inability to have a bowel movement after 3 days
- Inability to urinate after 1 day

**NARCOTIC INFORMATION**

Narcotics are a class of medication used for pain relief. These include the following medications:

(More Potent)---- **Hydromorphone/Dilaudid** ----**Oxycodone**----**Hydrocodone/Lorcet**----**Tramadol**----(Less Potent)

Narcotics may be necessary after surgery due to the pain associated with surgical procedures. Narcotics are prescribed to help provide *temporary pain relief*, starting the day of surgery. They are not intended for long term use. If you have been prescribed a narcotic, please read all information provided by the pharmacist and be aware of the side effects, drug interactions, and adverse effects associated with narcotics. Some of the most common effects are dizziness, nausea, vomiting, hypotension (low blood pressure), constipation, sleepiness, itching, headache, insomnia, nervousness, decreased appetite, rash, anxiety, euphoria, withdrawal symptoms if abruptly discontinued, dependency, abuse, addiction, respiratory depression, and shallow breathing. Never mix narcotics with any of the following: other opiates or narcotics, Benzodiazepines – Valium, Xanax, etc., or Alcohol.

Things you can do to prevent adverse effects:

- Ask your pharmacists if you are taking any other medications, if it is safe to do so with narcotics.
- Do not drink or take drugs while using narcotics. **Do not drive** or operate heavy machinery. Do not make any serious life decisions while taking narcotics, as your judgement is impaired.
- Narcotics are addictive and have a high abuse and overdose potential. Wean off of narcotics as soon as symptoms allow; try Tylenol extra strength instead.
- It is very common to have constipation with any narcotic use. Please try stool softeners and laxatives, such as Miralax, Senna, or Docusate as a first step in treatment.
- Take **Benadryl** for any severe itching associated with narcotics
- Use caution when walking around; take your time getting up from a seated position to avoid dizziness and falls.
- Take with food. Consider using **Zofran** if you have any nausea associated with narcotic use.

Appropriate Use of Narcotics:

Take 1-2 tablets every 4-6 hours. Start by taking 1 or 2 tablets with a small amount of food when you get home from surgery.

**Set an alarm or write down when your last dose was.** After 4 hours, assess your pain level. If you have a lot of pain, take



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another 1-2 tablets 4 hours from last dose. If you have manageable pain or low pain, take only 1 tablet after 4 hours, or wait until 6 hours from last dose to take another tablet. If your pain seems manageable, then decrease to 1 tablet every 6 hours. You may also try switching to Tylenol instead of a narcotic. You may use Tylenol with the narcotics, but be aware of the dose of Tylenol, and **do not exceed 3000mg of Tylenol per day.**

Some people may not need any narcotics after surgery. Some may only need 1 tablet just prior to Physical Therapy or to help them sleep pain free. Others may need 2 tablets every 4-6 hours for the first 3-5 days after surgery. *Judge your pain level throughout the day* and assess how much you will need on a personal basis. If you think you may need more medication, and are running low, please contact us 1-2 days before you run out of medication.

Consider weaning off of narcotics on a day by day basis, but do not get to the point where you have too much pain that they become ineffective. This is called a pain crisis, and usually occurs when a patient thinks they can suffer through extreme pain for an extended period and does not take any narcotics. If this occurs, it may be difficult for narcotics to cover the pain at that point, and you may need to go to the ER for IV pain control. Avoid this if at all possible by assessing your pain level throughout the day and staying on top of your pain medicine schedule.

Other Narcotic Information:

Once you have weaned off of narcotics completely for several weeks, consider *returning any unused medications to your local police department for disposal*. Do not flush them down the toilet or throw them in the garbage, as this can contaminate our water supply. *Keep narcotics locked and stored*, away from children especially. If you have any questions or concerns about Narcotics, ask your pharmacist or a member of our team.