

Postoperative Instructions: Acromioclavicular Joint Reconstruction

POSTOPERATIVE MEDICATIONS

- INTERSCALENE NERVE BLOCK
 - A combination of local anesthetics is used to numb your shoulder and arm so your brain will not receive any pain signals during and immediately after surgery. The length of effect varies from person to person, but the block usually provides 8-12 hours of pain relief. You will notice a gradual increase in pain as this begins to wear off, at which time you can increase the frequency of the oral pain medications as needed.
- PAIN MEDICATIONS
 - **Acetaminophen** (Tylenol) 500mg every 6 hours as needed (maximum of 3 grams per day)
 - **Gabapentin** 300mg every 8 hours for 3 days
 - **Oxycodone** 5 mg
 - After the block begins to wear off, you can take one to two tablets every four to six hours as needed for pain
 - Stagger with Acetaminophen to optimize pain relief.
 - The most frequent side effects of oxycodone include drowsiness, constipation, nausea, and itching. Do not drive or operate machinery while taking Oxycodone. Oxycodone can be habit-forming and the minimum dose should be taken as infrequently as possible
 - On average, patients take opioid medication for 4-5 days following surgery.
- ANTI NAUSEA MEDICATION
 - **Zofran ODT 4 mg** (Ondansetron)
 - You can take one tablet every 6 hours as needed for nausea or vomiting (ONLY IF NEEDED)
- BLOOD THINNER
 - **Aspirin 81mg**
 - Take one tablet twice per day for 30 days, beginning the night of your surgery
 - This medication is used for its anti-platelet effect to help minimize the risk of blood clots
 - Do not take this medication if you are on another blood thinner
- GI PROPHYLAXIS
 - **Protonix** 40mg twice per day for 30 days
- ANTI-CONSTIPATION MEDICATIONS
 - **Colace**
 - Post-operative constipation can result due to a combination of inactivity, anesthesia, and pain medication. To help prevent this, you should increase your water and fiber intake. Physical activity such as walking will also help stimulate the bowels. If constipation persists, over-the-counter Milk of Magnesia and Miralax can be helpful.

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ACTIVITY INSTRUCTIONS

- **SLING: 6 WEEKS**

- You will need to wear the sling at all times (during the day and at night). You may remove it to *shower, get dressed*, and do your at-home *exercises*. When the sling is off you may let your arm hang straight down at the side.
- You can adjust the straps on the sling as needed for comfort. Be sure that your arm is well-supported and your forearm is parallel to the floor.
- After the nerve block has worn off, you can move your fingers and wrist frequently to limit swelling.
- Walking regularly will help lower the risk of blood clot formation and constipation.
- We recommend that you DO NOT drive during the period of time your arm is in the sling.
- Most patients find that sleeping in a recliner is helpful for the first 4 to 6 weeks. You can, however, sleep whichever way you like as long as you wear the sling while sleeping.

- **ICE MACHINE**

- Recommend using **every two hours for twenty minutes at a time**
- Use consistently (apart from sleeping) for the first 2-3 days post-operatively, then as-needed
- Do not place pad directly on skin – make sure there is a barrier such as a t-shirt or towel
- If you did not purchase a machine, you may use ice packs on the surgical area 20-30 minutes every 1-2 hours

- **DIET**

- Stay hydrated
- Start with clear liquids and light foods (jello, soup, etc) and gradually introduce your regular diet.
- High fiber diet with extra fresh fruits and vegetables to help your body heal from surgery.

WOUND CARE & BATHING

- **BANDAGE**

- You may gently remove the bulky dressing after 48 hours, while leaving any sutures, steri-strips, or Tegaderm dressings in place – these will be removed at your first postoperative appointment.
- A small amount of wound drainage is common. If noted, please cover the area with small band-aids or gauze until it clears.
- It is normal for the shoulder to bleed and swell following surgery. Bruising of the shoulder, arm, chest, and flank are common and normal with surgery.
- Keep the incisions clean and dry – do not put any alcohol, lotion, or ointment on the incisions.

- **BATHING**

- You can shower beginning 3 days after your surgery. However, the incision needs to stay dry and covered and in the shower until the sutures are removed at 10-14 days post-op. Waterproof bandages work very well for this.
- To wash under your arm, bend forward and allow your arm to hang straight to the ground. You should not attempt to lift your arm overhead to wash under your arm.
- Do not submerge the incision in a bath, pool, or hot tub until the sutures are removed **and** the wound is healed.
- Make sure your axilla (armpit) is completely dry after showering.

- **SUTURES**

- Absorbable sutures are most commonly used to close surgical incisions. If non-absorbable sutures are used, they will be removed at your first postoperative appointment in 10-14 days.
- Keep an eye on your incisions for **signs of infection**:
 - Excessive drainage that is soaking through your dressing, especially if it is pus-like
 - Redness that is spreading out from the edges of your incision
 - Fever or increased warmth around the surgical area

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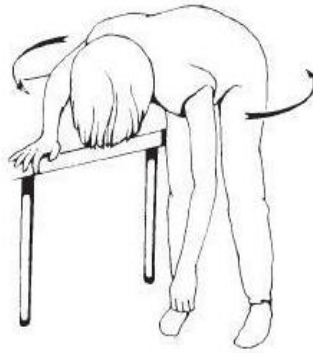
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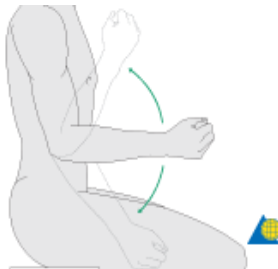


AT-HOME EXERCISES

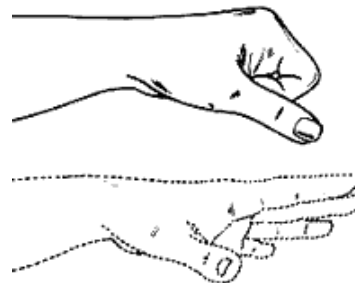
- Formal physical therapy will not begin until after your initial postoperative visit. We will provide you with an order at that time.
- You may begin the home exercises listed below **tomorrow**. You can remove your sling to perform these exercises.
 - **PENDULUM EXERCISES** (10-15 repetitions per set | 2 sets | 3 times daily)
 - Bend forward at the waist using a table for support. Rock body in a circular pattern to move arm clockwise 10-15 times per set. Do 2 sets 3 times per day. Repeat rocking body from side to side and let arm swing freely.



- **ELBOW MOTION** (10-15 repetitions per set | 2 sets | 3 times daily)
 - Remove sling and allow arm to rest at your side (you may perform this sitting or standing). Allow your arm to straighten at the side, then gently bend elbow up. Position forearm with thumb facing up.



- **HAND AND WRIST EXERCISES** (10-15 repetitions per set | 2 sets | 3 times daily)
 - With your arm comfortably supported, gently bend wrist back and forth.
 - Curl the fingers into the palm to make a loose fist and then straighten them out.



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EMERGENCIES

- When to contact our office immediately:
 - Fever > 101.5°F for at least 48 hours after surgery or chills
 - Fevers are not uncommon after surgery and usually are not a sign of an infection. If you experience a fever in the first five days, take Tylenol and continue to monitor your temperature. Please contact the office with any fever that occurs beyond five days post-operatively or continues despite Tylenol.
 - Excessive bleeding from incision(s) (a small amount of drainage is normal and expected)
 - Signs of infection of incision(s) - *excessive drainage that is soaking through your dressing (especially if it is pus-like), redness that is spreading out from the edges of your incision, or increased warmth around the surgical area.*
 - Excruciating pain for which the pain medication is not helping
- Consider going directly to the emergency room if you are experiencing any chest pain or difficulty breathing

CONTACT INFORMATION

- Dr. Brusalis' Office
 - Phone: 516-743-3036
 - Email: DrBrusalisOffice@hss.edu
- After Hours (Evening & Weekend)
 - If you have an emergency or need to contact the office after hours or over the weekend, call the office number (516)-743-3036 and you will be directed to an on-call HSS physician.

FOLLOW-UP

- You will typically receive a call within 48 hours of surgery to check on your status.
- Your first postoperative visit has already been scheduled for ____/____/____ at ____:____ am / pm at:
 - **HSS Long Island** - 333 Earle Ovington Blvd, Uniondale, NY 11553
 - **HSS Queens Office** - 176-60 Union Tpke Suite 190, Queens, NY 11366
 - **HSS Manhattan** - 535 E 70th St, New York, NY 10021
- Please call our office at 516-743-3036 with any questions regarding your follow-up appointment.