

## POSTOPERATIVE INSTRUCTIONS

Date of Surgery:

Surgeon: Evan A. O'Donnell, MD

Procedure:

More information and instructions can be found at: [www.thesportsmedicinedoc.org](http://www.thesportsmedicinedoc.org)

### Dressing Care

You should keep your dressing clean, dry, and intact. Use a plastic bag over the dressing to keep it dry in the shower.

If you have had an arthroscopic (scope) procedure – you may remove the dressing after 3 days. Once the dressing is off, you may get the incision wet in the shower, but do not scrub it. You may remove the dressing and place a clean dry gauze over the incision(s).

If you have had an open procedure – you may remove the dressing after 1 week. Once the dressing is off, you may get the incision wet in the shower, but do not scrub it. No soaks, hot tubs, pools, baths, or soiled water until cleared by your doctor. DO NOT apply creams or ointments of any kind to the surgical site.

Most patients will have dissolvable sutures for skin closure, so no suture removal is necessary. If you have steri-strips in place, they will fall off on their own (this can take up to 3 weeks). Do not manually remove them. No baths, pools, or soiled water until cleared by physician.

If there is any concern for a wound infection, contact your surgeon immediately. Do NOT start taking antibiotics without consulting with your surgeon.

### Activity and Weight Bearing Status

**Sling Use:** You should wear your sling at all times for 4-6 weeks after surgery, including to sleep. The sling should be worn whenever you are at risk for falling – this is most common when you are ambulating or sleeping. When you are seated on a couch or seat, you may remove the sling and prop the arm up with pillows to have it feel more “natural.” Once you start physical therapy, your therapist will work with you on how and when to wean the sling.

You may temporarily remove your sling in order to:

- 1) Straighten out your elbow while lying in bed; and
- 2) Dress and shower. When sling is off, you must limit your shoulder motion and be able to see your hand in front of you at all times. You should use the pillow/wedge included with your sling to help protect your healing shoulder.

**Motion:** Open and close your fist 10 times/hour. You can and should move your fingers/wrist/elbow that are not in the dressing/splint/sling.

Weight: You may use your hand and fingers for light activities such as typing on a keyboard or on your phone, **but no lifting, pushing, pulling with affected arm/hand.** After surgery, a good rule is to limit weight to a coffee cup or less in the operative arm.

Activity: Increase your daily activity as you feel comfortable. You may feel weak and tired immediately post-op, but each day you will become stronger. It is normal to have pain after surgery and feel pain after activity. If you start feeling increased pain during an activity, stop and rest. Use your body as your guide. Walking is encouraged postoperatively.

Driving: You may drive when you no longer are taking opioids for pain, and have full use of both arms and hands. You may not drive if you have a hard splint/cast or sling. This means if sling wear is recommended for 4-6 weeks, no driving for 4-6 weeks.

## Medications

Continue your regular medications unless instructed otherwise.

For minor pain you may take acetaminophen (Tylenol). Take prescribed opioids (i.e. Oxycodone, Percocet, Vicodin, Dilaudid) only as needed for severe pain. Medications such as Tylenol #3, Vicodin, and Percocet contain acetaminophen (Tylenol). Do not exceed greater than 3,000 mg of acetaminophen (Tylenol) in a 24-hour time period.

As your pain level decreases, you should gradually reduce the number of pills that you take and increase the time between doses in order to wean off of the opioids as tolerated. Avoid operating heavy machinery, driving, and drinking alcohol while taking opioid pain medication.

**You should also take Aspirin 81mg (baby aspirin) once a day for 4 weeks to prevent blood clots unless otherwise directed by your surgical team.**

Please see last page of instructions for more information regarding opioid use.

## Antibiotics for Dental Work (Shoulder Replacements only)

If you have a shoulder replacement, you will need pre-treatment with antibiotics prior to ANY dental procedures. We recommend Amoxicillin 2000 mg ONCE, 30 minutes to 1 hour prior to any dental procedures. You will need to take this prior to dental procedures as long as you have the implant. Please ask your primary care doctor to prescribe this for you prior to dental procedures.

## When to Call the Doctor

- \* Increased pain of the arm/hand/fingers after 2-3 days
- \* Temperature >101 degrees for 24 hrs
- \* Excessive bleeding through your dressing
- \* Your dressing is soiled or wet
- \* Numbness lasting >48hours after surgery

## Questions & Concerns:

Monday-Friday, 9am-5pm, call Dr. O'Donnell's office: 617-643-6351. You will reach Bethany (Dr. O'Donnell's administrator) and she will contact Dr. O'Donnell or his PA, Blake Bohlig for an answer.

After hours and weekends, call (617) 726-2784 and ask to speak with the orthopedic resident-on-call.

### **Post-Operative Appointment**

You need to be seen for a post-operative appointment approximately 10-14 days after surgery. You may be seen by your surgeon or the physician assistant. If you do not already have an appointment, please call to schedule one.

Dr. O'Donnell's office: 617-643-6351

### **OPIOID INFORMATION**

Examples of opioid (narcotic) medications we use to combat post operative pain:

Oxycodone, Percocet, Vicodin, Dilaudid.

#### **MGH Orthopedic Surgery Opioid Policy**

We have a policy in place predetermining the number of pills you will receive for your anticipated pain after your scheduled procedure. We do not use long-acting opioids or treat chronic pain with opioids. We will not provide opioid medication after 4 weeks post operatively. We are required to check statewide databases prior to prescribing opioids. Patients with more pain than expected may need to be evaluated in the office. Most patients only require one initial prescription and any refill will be determined on an individual basis. State law requires all opioid medications have an original signature and CANNOT be faxed or called into the pharmacy. Any additional prescriptions must be picked up at the office location where the prescriber is at that day, or the prescription can be mailed to your home. If you think you may run out of medication over the weekend and need a refill, please call the office by 2pm on Thursday for a phone triage pain assessment. Patients already on daily opioids, methadone, or suboxone will only receive one post operative opioid prescription for use in immediate post operative period; before your procedure, you will need to make prior arrangements with your primary opioid prescriber for your continued post operative pain management plan.

#### **Safe Use of Opioids**

Take opioids only as prescribed. Never take more than instructed, even if you feel your pain is not well managed. Improper use of opioids is a leading cause of accidental death. Do not combine opioids with alcohol, medicines used to calm anxiety, or other medications that cause sleepiness or sedation. There is a chance of becoming addicted to this medication. If you have a personal or family history of addiction, this risk is higher. It is important to share this information with your prescriber in order to keep you safe. Opioid medications can impair your ability to drive or operate other types of machinery safely and you should not drive while taking this medication.

#### **Common Side Effects of Opioids**

Opioids can cause constipation. Eat foods high in fiber such as fruits and vegetables and increase fluid intake. You should take a stimulant laxative (i.e. senna) and/or stool softener (i.e. colace) while taking opioids. If you begin to experience loose stools or diarrhea, stop these medications.

Opioids can also cause allergic reactions, sedation, and respiratory depression (decreased drive to breathe). They also can cause adverse affects such as nausea, vomiting, urinary problems, and itching. Contact your prescriber if you develop these or other symptoms that concern you.

#### Partial Fill of Your Prescription

When filling your prescription, you may choose to receive fewer pills than prescribed from the pharmacy. If you choose this option, you will not be able to receive the remainder of the prescribed pills at a later date.

#### Safe Storage & Disposal

Your medications are prescribed for only you. Do not share your medication with friends or family members. Opioid medications must be stored properly, out of the reach of children or others who may be at risk of ingesting them. Keep opioid medications locked in a safe or lock box. Unused medication should be removed from the household as soon as possible through a DEA-sponsored drug take-back program. You can find a disposal site near you at: <https://www.deadiversion.usdoj.gov/pubdispsearch>. If a program is not available, then the FDA recommends flushing unused opioid medication down the toilet to prevent exposure and harm to others. See FDA website for medicines recommended for disposal by flushing.

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

For information on the Massachusetts Opioid Epidemic:

<http://www.mass.gov/chapter55>